

FREW V. SUEHS APRIL 2012 QUARTERLY MONITORING REPORT
DECEMBER 2011 THROUGH FEBRUARY 2012

CONSENT DECREE INTRODUCTION <i>NEW AND/OR UPDATED INFORMATION IS IN BOLD FONT</i>		
	Summary of Decree or Corrective Action Order Requirements	STATUS
¶ 2	Texas Health Steps (THSteps) is intended to provide comprehensive, timely, and cost effective health services to indigent children and teenagers who qualify for Medicaid benefits. Recipients are entitled to both medical and dental checkups on a regular schedule.	<p>Defendants include information and reports on utilization of Texas Health Steps medical and dental checkups. Information on these reports can be found in ¶¶ 165, 171, 192, 212 and 283.</p> <p>The Centers for Medicare and Medicaid Services (CMS) has extended each state's filing deadline for the 2011 Annual Early Periodic Screening, Diagnosis, and Treatment Participation Report (CMS 416) to April 30, 2012. Defendants submitted their 2011 CMS 416 on April 18, 2012. A courtesy copy was forwarded to Plaintiffs' counsel on April 20, 2012 and is provided as EXHIBIT 1 to this Quarterly Monitoring Report (QMR). See ¶ 283.</p>
¶ 3	Children and teenagers who qualify for Medicaid are entitled to all needed follow up health care services that are permitted by federal Medicaid law.	<p>The <i>Corrective Action Order (CAO): Prescription and Non-prescription Medications; Medical Equipment and Supplies</i> requires an analysis of contracted pharmacies' claims history for emergency prescriptions. The analysis was completed in February 2009, and summary of the analysis and plan for education of Medicaid-contracted pharmacies was submitted in the April 2009 QMR Exhibit. The CAO then requires a second study, which Defendants may prioritize as they choose.</p> <p>Strategic Decision Support (SDS) and Vendor Drug Program (VDP) have concluded their analysis of the 72-hour emergency supply prescription claim utilization. While the results show an increase in the number of 72-hour emergency supply prescription claims throughout the study period (October 2010 – September 2011), there was a decrease in the total number of claims requiring prior authorization (PA) beginning in February 2011 and persisting through the end of the study period.</p> <p>The VDP was undergoing two major transitions during the study period. A new contractor began processing pharmacy claims, effective November 21, 2010. Additionally, the</p>

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	<p>contractor processing prior authorization requests also changed on January 31, 2011. These changes may have affected the data by altering how PA-required claims were identified. VDP is working with the vendors to better understand how the data was gathered and the impacts of the contractor changes upon the study. This additional review will be completed by the end of April 2012, and the final report will be produced to Plaintiffs' counsel.</p> <p><u>Additional Survey Re:</u></p> <p><u>Reasons pharmacies may provide fewer than expected 72-hour emergency prescriptions</u></p> <p>Although not required by the Orders in this case, Defendants contracted with the University of Texas Office of Survey Research (OSR) to assess reasons pharmacies may provide fewer than expected 72-hour emergency prescriptions. OSR conducted a survey of the 801 pharmacies that received targeted education after the first study to identify specific reasons some pharmacies provide fewer than expected 72-hour emergency prescriptions. The University of Texas College of Pharmacy (COP) analyzed the data and provided recommendations relating to training. COP's final approved report, <i>Research to Determine Methods to Improve Pharmacist Educational Programming and Collect Information as to Why Pharmacies Are Not Providing 72-Hour Emergency Prescription Drugs to Medicaid Beneficiaries</i>, is provided as EXHIBIT 2.</p> <p>The majority of respondents (79.1 percent) are aware of the federal and Texas law requiring the dispensing of a 72-hour emergency supply, and 79.5% of respondents who recalled receiving educational information rated the educational material as either "Excellent" or "Very Good." The quality of VDP's educational materials was, according to the researcher, "exceptional." Results also show that a "letter or fax" sent directly to the pharmacy was the top information source for respondents (61.2%). VDP utilized letters to disseminate targeted</p>

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		<p>education required by the CAO: Prescription and Non-Prescription Medications, Medical Equipment and Supplies and uses fax blasts to disseminate other information. These findings are consistent with the required CAO analysis, showing an increase in pharmacies' claims history for emergency prescriptions.</p> <p>COP categorized their recommendations into three categories:</p> <ol style="list-style-type: none"> 1. Need for more information to conduct additional analysis 2. Educational program recommendations or ideas directed toward physicians/prescribers 3. Educational programs for Pharmacists and Pharmacy Technicians <p>HHSC is considering these recommendations for the program, but is not required to take additional action by the terms of this CAO. The parties will begin their conference period upon Defendants' finalization of the second, CAO-required study.</p>
¶ 9	By July 1996, Department of State Health Services (DSHS) will develop the capacity to conduct epidemiologic studies of the THSteps population to determine if the program is improving class member's health.	Completed.
Corrective Action Order	Status of strategic initiatives.	On April 9, 2012, the Court heard argument on Plaintiffs' Amended Motion to Enforce and Extend this Corrective Action Order. The Court ordered Defendants to produce revised major and interim assessments. See Dkt. No. 898; see also, ¶88.

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(CAO) Adequate Supply of Health Care Providers		<p>As reported in October 2011, Strategic Medical and Dental Initiatives ended on August 31, 2011. More than half of the initiatives implemented became part of Defendants' operating budgets or regular Medicaid client services, effective September 1, 2011. HHSC and their contractors are completing final evaluations of some of the initiatives. A summary will be provided to the Court with the July 2012 QMR.</p> <p>The Children's Medicaid Loan Repayment Program (CMLRP) had to be suspended effective August 31, 2011. The purpose of this strategic initiative was to increase the number of physicians and dentists who are willing to serve infants, children, adolescents, and young adults enrolled in Medicaid, by offering repayments of their student loans. Providers were required to meet Medicaid service obligations in order to qualify for loan payments.</p> <p>DSHS and HHSC selected 300 participants in the first group [began service in 2009] and an additional 300 participants in the second group [began service September 2010]. As of March 31, 2012, 509 of the 600 providers selected have met their service obligations as evidenced by claims and encounter data or other supporting documentation. Some providers' loans have now been paid in full, so they will not be paid additional sums irrespective of whether they have met service obligations. Others have yet to submit complete documentation to allow payments to be issued.</p> <p>As explained to the Court by Tracy Henderson, HHSC's Chief Financial Officer, HHSC continues to make payments to CMLRP recipients. See Dkt. No. 873-24, and supplemented at EXHIBIT 19 to this QMR.</p>

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		HHSC continues to work with Texas Tech University Health Science Center to complete the Medicaid Curriculum for Dental Schools and Medical and Dental Residency Programs. Modules 1-4 are completed. The remaining modules are in final review. HHSC has made some modules available to programs in the 2011-2012 academic year, and expects to make the full curriculum available to programs for the 2012-2013 school year. HHSC will update each module as changes to Medicaid occur.

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¶ 10-14	<p>Effectively informing class members about THSteps involves:</p> <ul style="list-style-type: none"> • Written information. • Face-to-face oral informing. • Oral outreach by outreach units. • Coordinated efforts with other agencies. • Media efforts. <p>Information must be provided in a manner convenient to the class</p>	<p>Defendants inform class members about Texas Health Steps (THSteps) services in several ways, including the distribution and use of written materials, oral outreach, and coordination with other agencies.</p> <p>Some of the outreach and informing materials used to inform class members about THSteps services, such as brochures and scripts, provide general information about THSteps services, while others address more specific topics such as newborn screening, hearing detection and intervention, case management and dental services.</p> <p>Defendants develop outreach and informing materials using plain language principles and</p>

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	<p>member or responsible adult and can be provided to other family members. Information must be:</p> <ul style="list-style-type: none"> • Relevant to class members' needs. • Reasonably interesting. • Presented in a manner sensitive to different backgrounds. • Presented in a way that encourages the full use of services. 	<p>consistent terms and phrases outlined in the <i>HHS Consumer Information Tool Kit</i>, which is available at: http://www.hhsc.state.tx.us/Medicaid/CommunicationsResources.shtml. Defendants work to ensure these materials are interesting, relevant to class members' needs, understandable, culturally sensitive, positive, and encourage the use of THSteps services. Defendants regularly review these outreach and informing materials, and update them as needed. Written materials are distributed to HHSC eligibility offices, MAXIMUS, providers, the general public, and other governmental and community agencies on either a routine or ad hoc basis for distribution to class members.</p> <p>Defendants attempt to provide oral outreach to all class members who are referred after an eligibility determination, referred by a health-care provider, and to other targeted groups of class members. Oral outreach is offered and provided in ways convenient to class members, including telephone, office visits, and home visits. Every effort is made by MAXIMUS staff (the Texas Health Steps outreach unit) to meet all the needs of class members during each encounter, and all class members are strongly encouraged to fully use the services available to them.</p> <p>In addition, DSHS, HHSC and their contractors work with state agencies, providers, and community-based partners that interact with class members on a routine basis to enhance their overall knowledge of THSteps services so information may be passed on to class members. These efforts include, but are not limited to:</p> <ul style="list-style-type: none"> • Training of regional 2-1-1 teams. • Attending community-based organization meetings. • Conducting updates for agency staff that interact with managed care organizations.

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		<ul style="list-style-type: none"> Conveying information on THSteps services to providers on a routine basis. <p>For additional information to further support the coordination of outreach and informing efforts with other agencies, see the <i>DSHS THSteps Provider Relations Activities Report</i>, EXHIBIT 3 and the <i>THSteps Monthly MAXIMUS Reports</i> for the months of December 2011, January 2012, and February 2012, EXHIBIT 4, and ¶ 65.</p>
¶ 15	Delete or change the program name by 9/30/95.	Completed.
¶ 16	Federal law requires the THSteps program to provide periodic medical screens and dental services. To avoid confusion, the following terms in English and Spanish will be used: a medical or dental service provided in accordance with the periodicity schedules will be called a “checkup/examen” and a dental service provided to encourage timely use of dental checkups will be called a “dental scan/inspección dental.”	<p>Defendants use “medical or dental checkup” to refer to Texas Health Steps (THSteps) periodic preventive medical and dental checkups in published documents in English. The term “examen” is used in Spanish communications regarding the THSteps checkups.</p> <p>Since the term “dental screen” is commonly used and recognized by dentists, DSHS uses the terms “dental screen” and “pruebas de detección” in place of “dental scan.” This is to make the distinction for participants and their parents or caretakers that the dental screen does not constitute a THSteps dental checkup, and THSteps encourages participants to get their checkups.</p> <p>The DSHS Oral Health Program regional dental teams perform dental screens on class members when conducting the basic screening survey and during school-based dental sealant projects for which parental permission for the dental screen has been obtained.</p>
¶ 17	Written materials: provide various	<u>Written Materials (Due letters, Brochures and Fliers)</u>

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	<p>forms of written materials to explain THSteps and encourage its use. Materials include reminder letters, brochures, fliers, and Medicaid ID forms.</p>	<p>Defendants inform class members and their families about Texas Health Steps (THSteps) and encourage full use of services using various written materials including letters, brochures, fliers, and posters that explain the THSteps program and remind class members when a checkup is due. Defendants develop these materials using plain language principles and consistent terms and phrases outlined in the <i>HHS Consumer Information Tool Kit</i>, which is available at: http://www.hhsc.state.tx.us/Medicaid/CommunicationsResources.shtml</p> <p>Defendants regularly review these materials and update them as needed.</p> <p><u>Due Letters</u> Each month, DSHS provides the THSteps outreach unit, operated by MAXIMUS, with a list of class members who will be due for a medical or dental checkup during the following month. MAXIMUS sends letters to these class members during the first ten working days of the month in which the checkup is due. Defendants send the required letter regarding the first dental checkup two months before the child turns six months of age. This process is consistent with the Consent Decree requirement to provide this information two months prior to a child's eligibility for the first dental checkup. The letters identify the specific child due for a checkup and the type of checkup for which the child is due. They contain relevant information appropriate to the child's age to explain why checkups are important. The letters encourage the recipient, in a positive manner, to take advantage of THSteps checkups. They explain that checkups are free to class members, and encourage class members to call the THSteps toll free help line for assistance in locating a provider, scheduling an appointment, and/or arranging transportation. The letters are printed in both English and Spanish.</p> <p><u>Brochures and Fliers</u></p>

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		<p>Defendants have developed informational brochures and other written materials about THSteps services. Defendants regularly review these written materials, and update them as needed.</p> <p>Defendants' contract with MAXIMUS provides for distribution of these written materials to providers, Medicaid managed care organizations, community agencies, and others on either a routine or ad hoc basis for distribution to class members.</p> <p>For further information on written materials that MAXIMUS distributed to providers, Medicaid managed care organizations, community agencies, and others during the reporting period, Defendants are providing the <i>THSteps Products Management Shipping Report</i> within the <i>THSteps Monthly MAXIMUS Reports</i> for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)</p> <p><u>Written Materials in Managed Care</u> Medicaid managed care organizations use various written materials to provide information to class members about THSteps medical and dental checkups as well as other Medicaid services. These written materials include member handbooks, brochures, letters, and birthday postcards. THSteps materials created by Medicaid managed care contractors are reviewed and approved by HHSC staff. For more information on these activities, please see the <i>Activities Report for Medicaid Managed Care Organizations</i>. (EXHIBIT 5)</p> <p><u>Medicaid ID Cards</u> The deployment of the new Your Texas Benefits card continues, with new features and functionalities scheduled for release throughout this fiscal year.</p>

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		<p>Release 2.0, implemented in December 2011, primarily improved infrastructure stability and functionality. An interactive voice response (IVR) was added for non-Medicaid providers, to allow organizations such as the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Salvation Army, Dress for Success, etc., who use Medicaid eligibility as the criteria for eligibility in their own programs, to confirm Medicaid status. When queried, the IVR responds with Active or Not Active; no protected health information (PHI) is disclosed to these programs.</p> <p>Release 2.2.1 was implemented in January of 2012. This release added functions to the client portal including:</p> <ol style="list-style-type: none"> 1. Option to request card replacements 2. Print card image 3. Eligibility information 4. THSteps reminders 5. Broadcast messaging 6. Opt-out election from the Health Information Exchange.
¶ 19-23 & 222	<p>Eligibility workers will receive training and will discuss THSteps with those who apply in person for benefits on behalf of a THSteps eligible class member. The discussion will include:</p> <ul style="list-style-type: none"> • Age appropriate information. • Full range of THSteps services. 	<p>HHSC eligibility workers receive required Texas Health Steps (THSteps) training as part of their initial Basic Skills Training. Refresher training for THSteps is also available. Both the initial and the refresher training meet the requirements of the Consent Decree. For the period of December 2011 through February 2012:</p> <ul style="list-style-type: none"> • 219 employees received THSteps instructor-led initial training as part of the Texas Works Basic Skills Training. • 992 employees received THSteps instructor-led refresher training. This refresher training

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	<ul style="list-style-type: none"> • How to request help accessing benefits. • Information about medical transportation including the mileage reimbursement option. • How to request, and assistance with requesting, further outreach. • THSteps brochures and wallet cards. 	<p>is specific to THSteps.</p> <p>Eligibility offices are evaluated for policy and procedure compliance. A portion of the Management Evaluation for HHSC eligibility offices is specific to THSteps and the evaluations are completed onsite. <i>The Texas Health Steps Evaluation, December 2011-February 2012, EXHIBIT 6, provides a listing of the offices evaluated this quarter and the current status of offices previously reported as requiring corrective action.</i></p> <p>THSteps eligibility office on-site evaluations were conducted for the Houston (Telephone Rd) and Nacogdoches offices. Both offices were found to be in compliance.</p> <p>Follow up on the corrective action plan for the Gonzales office was completed and a portion of the corrective action plan was closed. Additional monitoring was recommended for the remaining portion and a follow-up is due by June 15, 2012. The corrective action plan previously reported for the Elgin Office remains open. A follow-up is due May 16, 2012.</p>
¶ 24	A Memorandum of Understanding (MOU) between DSHS and HHSC concerning the outreach process will be presented to Plaintiffs for approval by August 31, 1995, and to the Court by October 1, 1995.	Completed.
¶¶ 25-32, 47, 49-58, & 147-153	Oral outreach units will: <ul style="list-style-type: none"> • Inform class members about THSteps and provide outreach as 	Defendants contract with MAXIMUS to conduct oral outreach and informing activities regarding Texas Health Steps (THSteps) to class members throughout the state. The MAXIMUS call center employs both THSteps and Enrollment Broker staff. All staff members are trained to provide

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	<p>described in the consent decree.</p> <ul style="list-style-type: none"> • Function statewide. • Assist with scheduling appointments. • Provide age appropriate information. • Discuss transportation services. • Provide outreach in a manner that is sensitive to class members' ability to understand and process information. • Provide oral outreach upon request and upon receipt of outreach list that identifies the class member. • Provide information on early dental caries to families who have infants. • Encourage teen mothers to access dental services. • Work cooperatively with others who serve class members. • Have sufficient staff to handle workload. 	<p>THSteps outreach and informing. The MAXIMUS contract requires sufficient numbers of staff and sufficient resources to promptly and effectively accomplish the workload. At the time of this report, there are 111 THSteps customer care representatives.</p> <p>MAXIMUS collaborates with others who serve class members (e.g., the Department of Family and Protective Services [DFPS], community-based organizations) in order to effectively and efficiently inform and educate class members. Additional information on MAXIMUS' collaborative efforts may be found in the THSteps Monthly MAXIMUS Reports for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)</p> <p>MAXIMUS conducts outreach and informing activities at times and in locations convenient to class members. All MAXIMUS staff who engage in outreach and informing activities attend trainings to gain sufficient knowledge and understanding of THSteps services and to be regularly updated on changes to THSteps services.</p> <p>MAXIMUS proactively attempts to provide oral outreach to class members:</p> <ul style="list-style-type: none"> • Referred by HHSC eligibility workers via fax as an Extra Effort Referral (EER) or by HHSC Office of Eligibility Services (OES) as needing a Health Care Orientation (HCO)(described in ¶¶ 33-37 & 39). • Reported by their provider as having missed medical and/or dental checkups. See the Missed Appointment Report Summary in the THSteps Monthly MAXIMUS Reports for the months of December 2011, January 2012, and February 2012, EXHIBIT 4, for additional information. • Referred by a health-care provider for outreach.

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		<ul style="list-style-type: none"> • Identified by Defendants as targeted groups which may include newly-certified Medicaid recipients, pregnant and parenting teens, individuals leaving DFPS conservatorship and class members newly-certified for foster care and Supplemental Security Income (SSI). <p>During oral outreach sessions, MAXIMUS staff informs class members about:</p> <ul style="list-style-type: none"> • The schedule for medical and dental checkups, as well as the full range of THSteps services. • Benefits of preventive health care. • THSteps services being free for the class member. • How to get help locating a provider and/or scheduling an appointment. • How to get transportation assistance, including gas mileage reimbursement. <p>MAXIMUS staff also:</p> <ul style="list-style-type: none"> • Offers to help class members find a provider and schedule appointments and/or transportation; • Provides relevant and interesting information that is age-appropriate for each class member in the household; • Explains how the Medical Transportation Program (MTP) can help class members with transportation resources to health-care appointments; • Are trained to provide information in a culturally sensitive manner that respects class members' ability to understand and process information; and • Attempts to meet the needs of class members who express a desire for, or who appear to need, additional oral outreach.

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		MAXIMUS staff specifically target pregnant teens and teen mothers with proactive outreach efforts designed to encourage them to access services. See the “Pregnant/Parenting Teen List Report” in the “DSHS Monthly Contractor Performance Review” section of the THSteps Monthly MAXIMUS Reports for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)
¶ 33-37 & 39	<p>Oral outreach: Four groups of class members require oral outreach:</p> <ol style="list-style-type: none"> 1. Class members who request information beyond that provided by HHSC eligibility workers. 2. Class members who miss medical check ups. 3. Class members who miss dental check ups. 4. Class members whose health care provider requests outreach. 	<p>If a class member requests additional information about Texas Health Steps (THSteps) services, and/or appears to need or requests assistance in accessing services, the HHSC eligibility worker completes the Extra Effort Referral form and faxes it to the MAXIMUS Special Services Unit (SSU). MAXIMUS SSU staff then attempts to provide oral outreach through phone calls and mailing written offers of oral outreach. If a home visit is requested at any point, the MAXIMUS SSU staff sends the class member’s information to the regional MAXIMUS outreach and informing (O&I) staff, who attempts to contact the class member to schedule a home visit.</p> <p>S.B. 43, 77th Legislature, Regular Session, 2001, mandated that caretakers of children under age 19 who are certified for Medicaid receive extra effort oral outreach through the delivery of a Health Care Orientation (HCO). Each week, data on selected class members is electronically transmitted to MAXIMUS. MAXIMUS then attempts to provide extra effort oral outreach to the caretakers of these class members through the delivery of an HCO. MAXIMUS handles these referrals similarly to the faxed Extra Effort Referrals in that MAXIMUS attempts to provide oral outreach through phone calls, home visits, and mailing written offers of oral outreach.</p> <p>Each month, DSHS provides MAXIMUS with a list of class members for whom no medical or dental checkup claim has been filed for 150 days after the month the checkup was due. DSHS</p>

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		<p>provides this checkup reminder list to MAXIMUS at the end of the month prior to the month during which the written offers of oral outreach will be sent. The list contains all pertinent information necessary to mail the appropriate written offer of oral outreach to the class member.</p> <p>Written offers of oral outreach are mailed to each class member on the reminder checkup list throughout the month. The written offer of oral outreach reminds the class member of the need for a medical or dental checkup and encourages the class member to call the THSteps toll free help line to receive oral outreach if they have questions, need assistance in scheduling the checkup, and/or need assistance with transportation. The written offer of oral outreach contains age-appropriate information designed to educate the class member regarding the importance of having the checkup, and encourages the class member to schedule the checkup.</p> <p>In the event a class member responds to the written offer of oral outreach by calling the THSteps toll-free help line and wishes to receive oral outreach during that call, it is provided at that time by MAXIMUS O&I staff. If the class member indicates they wish to receive oral outreach in a setting of their own choosing, the request is forwarded to the regional MAXIMUS O&I staff in the class member's geographical area. The regional MAXIMUS O&I staff then contacts the class member by telephone to schedule a time and place to provide the oral outreach.</p> <p>Upon receipt of a referral from a health-care provider, MAXIMUS SSU staff attempts to reach the class member by telephone to provide the requested outreach. At times, the outreach may involve problem solving with the class member to overcome barriers that may be preventing them from making and keeping future appointments. If MAXIMUS SSU staff is unsuccessful in reaching the class member by telephone, a written offer of oral outreach is mailed to the home that asks the class member to call the THSteps toll-free help line and ask for the SSU. A list of class members</p>

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		<p>in a particular region who were sent written offers of oral outreach is forwarded to the regional MAXIMUS O&I staff. The regional MAXIMUS O&I staff verifies the telephone number and attempts to call again. If the class member does not respond to the written offer of oral outreach, and the regional MAXIMUS O&I staff is unsuccessful in reaching the class member by telephone, the regional MAXIMUS O&I staff may attempt to contact the class member by making a home visit.</p> <p>The DSHS Health Service Region provider relations staff promotes the THSteps Provider Outreach Referral Service during visits with providers by providing education about the service and giving provider offices copies of a form they can fax directly to the MAXIMUS SSU at the location identified on the form in order to refer class members for oral outreach.</p> <p>For additional information to further support outreach and informing activities, Defendants are providing the <i>DSHS THSteps Provider Relations Activities Report</i>, EXHIBIT 3, and the <i>THSteps Monthly MAXIMUS Reports</i> for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)</p>
¶ 38	Outreach units will use highly visual, age appropriate, written materials about dental issues.	<p>DSHS Texas Health Steps (THSteps) program and MAXIMUS developed a number of age-appropriate and highly visual written materials that contain pictures of healthy mouths and describe common dental problems that are used to convince class members they can achieve good dental health. These materials, which are used in outreach efforts related to dental checkups, can be viewed and are available for ordering at the THSteps Resource Catalog website at https://secure.thstepsproducts.com/default.asp.</p> <p>The <i>Take Time for Teeth</i> dental flipcharts are also available for order at the website above (see</p>

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	Dental 8-17).	
¶ 40-41 & 44-45	<p>On a monthly basis, provide a current Outreach List to each outreach unit that identifies class members requiring oral outreach. Include a list of class members that have not received a checkup within 150 days of being due.</p>	<p>Periodically throughout each month, HHSC Office of Eligibility Services staff faxes Extra Effort Referrals (EERs) to MAXIMUS Special Services Unit (SSU) staff for class members who wish to receive or appear to need information about Texas Health Steps (THSteps) services. The referrals contain pertinent information to enable MAXIMUS SSU staff to provide effective assistance.</p> <p>As described in ¶ 33, S.B. 43, 77th Legislature, Regular Session, 2001, mandated that caretakers of children under age 19 who are certified for Medicaid receive extra effort oral outreach through the delivery of a Health Care Orientation (HCO). Each week, data on selected class members is electronically transmitted to MAXIMUS. MAXIMUS then attempts to provide extra effort oral outreach to the caretakers of these class members through the delivery of an HCO. MAXIMUS handles these referrals similarly to the faxed EERs in that MAXIMUS attempts to provide oral outreach through phone calls, home visits, and mailing written offers of oral outreach.</p> <p>THSteps medical and dental providers fax referrals for additional oral outreach to the MAXIMUS SSU. The referrals contain pertinent information to enable MAXIMUS SSU staff to provide effective assistance.</p> <p>Each month, DSHS provides MAXIMUS with a list of class members for whom no medical or dental checkup claim has been filed for 150 days after the month the checkup was due. DSHS provides this list to MAXIMUS at the end of the month prior to the month during which the written offers of oral outreach will be sent. The list contains all pertinent information necessary to mail the appropriate written offer of outreach to the class member.</p>

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		<p>“Due” is defined in Consent Decree paragraph 35, as according to the [THSteps] periodicity schedule. A child three years of age and older is “due” an annual medical checkup during the time a child is a particular age as defined by the periodicity schedule. The timeframe on which Defendants base their review for timely THSteps medical checkups has changed from 60 days after a class member’s birthday to one year from the class member’s birthday. Through written and oral outreach, however, class members are still encouraged to get their checkups as close to the due date as possible.</p>
¶¶ 42, 46, & 48	<p>An outreach letter will be mailed to each newly certified class member and each class member over age three who has not received a medical checkup within 150 days of the periodic eligibility month and each class member for whom no dental checkup claim is received within 150 days of the periodic eligibility month. The letter:</p> <ul style="list-style-type: none"> • Encourages class members to request oral outreach at a convenient time and location. • Corresponds to the reason outreach is required. 	<p>Class members under 3 years of age receive written offers of oral outreach at 1, 6, 12, 18, 24, and 30 months of age. Because of the frequency of required medical checkups for this age group, these class members no longer receive reminder letters. This was done to improve the effectiveness of the message concerning the importance of Texas Health Steps (THSteps) checkups and to reduce potentially duplicative and confusing information for parents and caretakers of class members.</p> <p>Each month, Defendants mail written offers of oral outreach to all newly certified class members. Each written offer of oral outreach provides information about the class members’ enrollment, and where they may go or who to contact for assistance with scheduling appointments and/or transportation.</p> <p>Each month DSHS provides MAXIMUS with a list of class members 3 years of age and older for whom no medical or dental checkup claim has been filed for 150 days after the month the checkup was due. Reminder letters are then sent to these class members. Throughout the month, written offers of oral outreach are mailed to each class member on the list, notifying the class member of the reason for the written offer of oral outreach, and encouraging the class member to request oral</p>

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		<p>outreach at a convenient place and time. The written offers of oral outreach also provide information about:</p> <ul style="list-style-type: none"> • Medical and dental checkups. • Assistance in locating providers. • Medical Transportation Program. • Toll-free help line numbers to call for assistance with scheduling appointments and/or transportation. <p>For additional information to further support outreach and informing activities, Defendants are providing the THSteps Monthly MAXIMUS Reports for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)</p>
¶ 43	Identify class members requesting information beyond that provided by HHSC eligibility workers.	<p>If a class member requests additional information about Texas Health Steps (THSteps) services, and/or appears to need or requests assistance in accessing services, the HHSC eligibility worker completes the EER (Extra Effort Referral) form and faxes it to the MAXIMUS Special Services Unit (SSU). MAXIMUS SSU staff then attempts to provide oral outreach through phone calls and mailing written offers of oral outreach. If a home visit is requested at any point, the MAXIMUS SSU staff sends the class member's information to the regional MAXIMUS outreach and informing staff who attempts to contact the class member to schedule a home visit.</p> <p>See ¶ 60 for the number of EERs received by MAXIMUS during December 2011, January 2012, and February 2012.</p>

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		See also, ¶ 33 for description of how Defendants meet the Health Care Orientation mandate of, S.B. 43 77 th Legislature, Regular Session, 2001.
¶ 59	Outreach units will not make child abuse or neglect reports because of failure to respond to an offer of outreach or failure to receive a medical or dental check up.	HHSC and DSHS neither require nor ask the outreach unit to make any child-abuse or child-neglect reports based on failure to respond to outreach offers or failure to receive a THSteps medical or dental checkup.
¶ 60	Report the number of class members that received various methods of outreach.	<p>Individual written offers of oral outreach are sent for each class member who is overdue for a checkup. Extra Effort and Provider Outreach Referrals usually result in one written offer of oral outreach being sent or a telephone call being made to a household regardless of the number of class members in that household. Except when otherwise stated, the numbers reported below are of individual class members in a household who were either overdue for a checkup or were referred for oral outreach. The numbers reported below are for December 2011, January 2012, and February 2012.</p> <p>a) Written offers of outreach</p> <p><i>Extra Effort Referrals</i></p> <p>The HHSC's Office of Eligibility Services (OES) staff regularly faxes to MAXIMUS referrals of newly certified class members who request information beyond what is provided at the time of their eligibility determination. HHSC OES also sends to DSHS, via an automated process, a list of households that contain class members who should receive the extra effort oral outreach through delivery of a Health Care Orientation (HCO). DSHS forwards this list to MAXIMUS. MAXIMUS then handles the HCO referrals similarly to other extra effort referrals, in that they</p>

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		<p>attempt to provide oral outreach through phone calls, home visits, and mailing written offers of oral outreach. Of those class members who were referred via this automated process, 105,761 were sent a written offer of oral outreach.</p> <p>The number of extra effort referrals received via fax from local eligibility offices during the reporting period was 445. Oral outreach was provided to 184 class members and written offers of oral outreach were sent to 250 class members. Of the remaining 11 class members, attempts at oral outreach were unsuccessful but there was no indication in the Kids Information Database System (KIDS) that a written offer of oral outreach was sent. HHSC and DSHS have since directed MAXIMUS to mail written offers of oral outreach to these 11 class members.</p> <p><i>Provider Outreach Referrals</i></p> <p>When a health-care provider refers a class member to MAXIMUS for oral outreach, MAXIMUS proactively attempts to contact the family by phone. For any referral where MAXIMUS was not successful in contacting the family by phone, MAXIMUS mails a written offer of oral outreach to the family. The written offer of oral outreach explains the reason it was sent, offers to assist with scheduling appointments and/or transportation, and encourages the recipient to call the Texas Health Steps (THSteps) toll free help line for oral outreach.</p> <p>Health-care providers requested oral outreach for 9,220 class members. Of these, oral outreach was provided by telephone to 3,789 and a written offer of oral outreach was sent to 5,309 class members. For the remaining 122 class members, there was no record in KIDS of oral outreach having been provided or a written offer of oral outreach having been sent during the reporting period. HHSC and DSHS have since directed MAXIMUS</p>

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		<p>to determine and verify whether these 122 class members did receive oral outreach or were mailed a written offer of oral outreach during the quarter. HHSC and DSHS have also directed MAXIMUS to mail a written offer of oral outreach to any class members for whom such verification cannot be provided.</p> <p><i>Reminder Letters</i> MAXIMUS mailed 436,796 written offers of oral outreach to class members for whom no claim had been filed for a medical or dental checkup based on outreach lists that Defendants provided to MAXIMUS.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; background-color: #cccccc;">Reminder Letter *</th> <th style="text-align: center; background-color: #cccccc;">December 2011</th> <th style="text-align: center; background-color: #cccccc;">January 2012</th> <th style="text-align: center; background-color: #cccccc;">February 2012</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Medical</td><td style="text-align: center;">81,828</td><td style="text-align: center;">86,528</td><td style="text-align: center;">96,123</td></tr> <tr> <td style="text-align: center;">Dental</td><td style="text-align: center;">55,019</td><td style="text-align: center;">60,400</td><td style="text-align: center;">56,898</td></tr> </tbody> </table> <p>The previously identified IT system error, described in Defendants' January 2012 QMR, was corrected in March 2012. Counts of letters sent to compensate for this error will be reported in July 2012.</p> <p class="list-item-l1">b) Health-care providers requested oral outreach for 9,220 class members.</p> <p class="list-item-l1">c) Of the 548,116 mailed written offers of oral outreach, 6,053 of them represent class members who were sent both a medical letter and a dental letter, for a total of 542,063 unique class members. Of the 542,063 class members, 538,670 (99.3%) did not contact</p>	Reminder Letter *	December 2011	January 2012	February 2012	Medical	81,828	86,528	96,123	Dental	55,019	60,400	56,898
Reminder Letter *	December 2011	January 2012	February 2012											
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		<p>the call center within 45 days as a result of receiving a written offer of oral outreach.</p> <p>d) Of the 542,063 class members who were mailed written offers of oral outreach, 499,233 (92.0%) did not receive oral outreach within 45 days.</p> <p>e) Of the 542,063 class members who were mailed written offers of oral outreach, 3,393 (0.63%) contacted the call center within 45 days because they received a letter. Of the 3,393 class members who contacted the call center, 3,138 received oral outreach during the call.</p> <p>f) Of those identified in subparagraph e) above:</p> <ul style="list-style-type: none"> • Oral outreach by telephone was provided to 3,138 class members. There were no requests for home visits. <p>g) The status of 255 class members who were either: 1) identified as needing a checkup; 2) referred for extra effort; or 3) referred by a health-care provider, and who had contacted the call center after receiving a written offer of oral outreach but did not receive oral outreach is as follows:</p> <ul style="list-style-type: none"> • 224 were no longer Medicaid-eligible at the time they called. • 23 class members were provided a referral. • 1 class member was given specialist provider information. • 7 class members gave updated information to MAXIMUS.

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		<p>In addition, MAXIMUS provided oral outreach within 45 days of sending a letter to the following class members who did not contact the call center within 45 days or who contacted the call center within 45 days for a reason other than receipt of a letter:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Oral Outreach Type</th><th style="text-align: center;">Number of Class Members</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">Phone</td><td style="text-align: center;">40,117</td></tr> <tr> <td style="text-align: center;">Home Visit</td><td style="text-align: center;">1,669</td></tr> <tr> <td style="text-align: center;">Office Visit</td><td style="text-align: center;">77</td></tr> <tr> <td style="text-align: center;">Group Meeting</td><td style="text-align: center;">51</td></tr> <tr> <td style="text-align: center;">Health Fair</td><td style="text-align: center;">20</td></tr> </tbody> </table> <p>Additionally, MAXIMUS targets other groups of class members for proactive phone calls and home visits. For additional details, see the <i>THSteps Monthly MAXIMUS Reports</i>, for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)</p>	Oral Outreach Type	Number of Class Members	Phone	40,117	Home Visit	1,669	Office Visit	77	Group Meeting	51	Health Fair	20
Oral Outreach Type	Number of Class Members													
Phone	40,117													
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¶ 61	Report the number and percent of class members receiving medical/dental checkups after oral outreach.	The <i>Outreach Effectiveness Reports for Medical and Dental Checkups</i> for the months of September, October, and November, 2011, EXHIBIT 7, show the number and percent of class members receiving medical and dental checkups after oral outreach. It is important to note that these reports reflect a point-in-time analysis of the data.												
¶ 62	HHSC and DSHS will provide standardized training to outreach units so that outreach services are	MAXIMUS provides Texas Health Steps (THSteps) training to all staff who engage in outreach and informing activities. The training programs are standardized and approved by the Defendants. The training materials are updated as new program and benefit information becomes available.												

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	delivered effectively throughout the state.	<p>MAXIMUS staff participates in multiple trainings over the course of each quarter. Training classes range from standardized THSteps and ancillary services training to various other ongoing classes for updates and topics related to THSteps. These classes are designed to improve the skill sets of MAXIMUS employees providing services to class members.</p> <p>All MAXIMUS staff who support the THSteps outreach, informing, and support services activities are required to complete the THSteps Overview and Cultural Competence modules within 30 business days after their hire date. All MAXIMUS staff involved with THSteps complete the training annually.</p> <p>During this reporting period, 110 training sessions were conducted during which a total of 7,603 individuals participated. For additional information related to support outreach and informing training activities, see Section 1 of the <i>THSteps Monthly MAXIMUS Reports</i> for the months of December 2011, January and February 2012. (EXHIBIT 4)</p>
¶ 64	HHSC and DSHS may conduct other outreach efforts to encourage class members to use THSteps services.	<p>In addition to required written outreach, at the Defendants' direction, MAXIMUS also proactively attempts to provide oral outreach to targeted groups of class members identified by Defendants. For additional information on outreach and informing activities, Defendants are providing the <i>THSteps Monthly MAXIMUS Reports</i> for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)</p> <p>Medicaid Managed Care Organizations (MCOs) also conduct outreach to encourage participation in Texas Health Steps (THSteps). See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for additional information on outreach activities reported by</p>

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		<p>Health Maintenance Organizations (HMOs) and Primary Care Case Management (PCCM) during this reporting period.</p> <p>The Office of Community Access (OCA) in partnership with the Foster Care Regional Enhanced Coordination team members (Department of Family and Protective Services, Department of State Health Services, and MAXIMUS THSteps Outreach and Informing provides education and outreach to encourage class members to use the THSteps services.</p> <p>Examples of those THSteps outreach and information efforts include:</p> <ul style="list-style-type: none"> • Helping Families Get the Most Out of Medicaid Workshops and Helping Families Maximize Medicaid Workshops and Forums • Informational presentations to Foster Parents and families • Informational presentations to health care related clinical staff, and physician providers of direct care • Informational presentations to Head Start staff and families • Informational presentations to Adoptive Parent programs • Training sessions for Foster Parents in training • Training sessions for Department of Family and Protective Services (DFPS) Caseworkers • Training sessions for new DFPS Caseworkers in Basic Skills Development • Informational presentations to Child Protective Services Kinship Family Groups <p>December 2011 through February 2012, the Regional Foster Care Enhanced Coordination teams (DFPS, DSHS, MAXIMUS, HHSC OCA), together or as a group of team members, provided 39 presentations and /or forums to 1601 participants.</p>

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¶ 65	<p>HHSC and DSHS will coordinate efforts with DFPS, DARS, DADS and other state agencies (TEA, AG, Workforce Commission, TJJD) to inform class members about THSteps.</p>	<p>DSHS staff coordinates with other agencies to assist them in effectively informing class members of Texas Health Steps (THSteps) services.</p> <ul style="list-style-type: none"> DSHS has an agreement with the Department of Assistive and Rehabilitative Services (DARS) Early Childhood Intervention (ECI) program for the purpose of coordinating case management services to class members who may qualify for services under both DARS ECI and Case Management for Children and Pregnant Women. DSHS also works closely with the Department of Family and Protective Services (DFPS) to ensure that children in foster care receive medically necessary case management services. DSHS and HHSC have executed a memorandum of understanding with the Texas Education Agency with the goal of improving services to children of migrant farm workers. THSteps staff works closely with other DSHS programs (<i>e.g.</i>, the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], Community Health Workers) that also serve class members so they can assist in providing THSteps information and updates. <p>DSHS Health Service Region provider relations staff continues to coordinate efforts with other state and community agencies to increase understanding of THSteps services. Examples of such coordination efforts and/or initiatives conducted during this reporting period are included in the DSHS THSteps Provider Relations Activities Report. (EXHIBIT 3)</p> <p>HHSC, in coordination with other state agency and contractor staff, conducted a mandatory two-day training in February for all current and new Medicaid Managed Care Organizations (MCOs) and all Medicaid Dental Plans. The purpose of the training was to educate and inform all MCOs about various resources for their members and to outline</p>

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		<p>relevant terms of the <i>Frew</i> Consent Decree and <i>Frew</i> Corrective Action Orders. Training topics included: Overview of <i>Frew, et al. v. Suehs, et al.</i>; THSteps Program; Medical Transportation Program; THSteps Outreach and Informing Unit; Comprehensive Care Program; Medicaid Online Provider Lookup; Pharmacy; Children of Migrant Farm Workers and Migrant Reporting; and <i>Frew</i> contract deliverables and court-ordered studies.</p> <p>See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for information on Health Maintenance Organizations (HMOs) and Primary Care Case Management (PCCM) that reported coordinated efforts with other agencies during the reporting period.</p> <p>HHSC continues to coordinate with other state agencies, their communications contractors, and Medicaid MCOs to coordinate Medicaid-related outreach and informing for THSteps clients. It should result in information that is consistent, easy to understand, and not detrimentally duplicative. Materials should carry a similar message even when using dissimilar style, tone, structure, or language.</p> <p>The HHS Interagency Consumer Information workgroup produced the <i>HHS Consumer Information Tool Kit</i>, which was last updated December 1, 2011. The four documents that comprise the tool kit – a basic writing tips overview, a style guide, and preferred terms in English and Spanish – have been distributed to staff and contractors for HHS agencies and the Texas Juvenile Justice Department (formerly the Texas Youth and Texas Juvenile Probation Commissions). This distribution includes Medicaid managed care organizations, TMHP and MAXIMUS.</p>

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		<p>Agency staff and vendors are using the <i>HHS Consumer Information Tool Kit</i> in development of materials for THSteps class members.</p> <p>HHSC worked with a team of MCO representatives to develop templates for THSteps-related outreach materials most commonly used by MCOs in their communications with class members and their families. The goal of this effort is to further enhance consistency of message by developing templates for these commonly used pieces that all MCOs can use. The foundation for these templates was the <i>HHS Consumer Information Tool Kit</i> and correspondence sent to class members generated by the THSteps program. The template language is now part of the <i>Uniform Managed Care Manual (UMCM)</i>, which is part of each Medicaid MCO contract.</p>
¶ 66-71	<p>Agency handbooks: Provide updated information about THSteps for use in other agency and program handbooks. Follow-up to be sure that the information provided is appropriate and in use.</p>	<p>DSHS staff meets regularly with staff of other agencies and invites them to participate in workgroups to keep them informed of changes to Texas Health Steps (THSteps) policy and program activities, such as development of new child health records. The purpose of these meetings is to enable the other agencies to keep their handbooks and policies current.</p> <p>During this reporting period, DSHS staff met with staff from the Department of Assistive and Rehabilitative Services (DARS) Early Childhood Intervention (ECI) program. DARS ECI staff provided updates about revisions being made to training materials containing information about THSteps and Case Management for Children and Pregnant Women following a review by DSHS and DARS ECI staff. DSHS staff provided updates about THSteps policy changes that became effective on December 1, 2011.</p> <p>DSHS staff also met with staff from the Department of Family and Protective Services (DFPS). DFPS staff provided updates about a webinar presentation developed by Superior</p>

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		<p>HealthPlan and a Frequently Asked Questions document developed following a THSteps webinar presentation to DFPS staff. DSHS staff provided updates about ongoing policy development affecting children in foster care who receive Personal Care Services, and THSteps policy changes that became effective on December 1, 2011. THSteps policy changes included reimbursement for point of care testing for lead, risk-based testing for tuberculosis rather than required testing at certain ages, and a modification to the ages at which anemia testing should be performed. The THSteps clinical record forms were previously incorporated into the Health Passport records system for children in foster care. At this meeting, staff discussed the need to update the forms in conjunction with the policy changes. Following the meeting, DSHS staff worked with HHSC to ensure that updated forms were loaded into Health Passport..</p> <p>DSHS informs other state agencies that provide services to class members about the availability of the THSteps Online Provider Education (OPE) modules. DSHS promotes the use of THSteps OPE modules which provide the staff of the other agencies with key, consistent messages about THSteps. Agencies are encouraged to actively use the THSteps Overview module information and other tools provided, such as the THSteps and Medical Transportation Program (MTP) desk references, to actively assist class members in accessing services.</p> <p>See ¶¶ 65, 72 for additional information.</p>
¶ 72	Encourage other agencies to use THSteps brochures and provide adequate supplies of brochures to requesting agencies.	DSHS Texas Health Steps (THSteps) encourages other agencies to use the THSteps brochures when providing services to or communicating with class members and when training staff. MAXIMUS makes regular drop shipments of these brochures and other materials three times per year to certain agency offices, including MAXIMUS regional offices, DSHS Health Service

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		Region offices, the Department of Family and Protective Services offices, the HHSC Medical Transportation Program offices, and the HHSC Office of Eligibility Services offices. MAXIMUS routinely updates the list of agency offices that wish to receive regular material drop shipments.
¶ 73	Media: Arrange for and implement a marketing plan that encourages providers and class members to participate in the THSteps program. Invitation for Bids provided to the Court in March 1995.	Completed.
CAO: Outreach and Informing	Assessment of outreach and informing activities.	<p>As reported in previous QMRs, HHSC contracted with Mercer Health & Benefits, LLC for the outreach and informing (O&I) study called for in the <i>Corrective Action Order: Outreach and Informing</i> (CAO), revised by the Court Nov. 23, 2009.</p> <p>PHASE ONE: Mercer's Phase One work included 12 focus groups conducted in urban and rural Texas locations – five for English-speaking parents of clients, five for Spanish-speaking parents of clients, and two focus groups for pre-adolescent and adolescent-age clients. Defendants received Mercer's draft report on the focus group on March 23, 2011 and, pursuant to the CAO, provided Plaintiffs' counsel with a copy on April 4, 2011.</p> <p>Per Mercer's study design, findings from the focus group meetings were used as a basis for designing an instrument to survey class members and parents of class members to assess reasons members do not receive checkups or follow-up visits. This survey was used pre-implementation of</p>

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		<p>the five outreach strategies and the same questions will be used as the basis for a survey in Phase Three to help assess the effectiveness of the outreach strategies. On May 27, 2011 Defendants approved Mercer's survey instrument and provided Plaintiffs' counsel with a copy on June 1, 2011.</p> <p>From mid-June to mid-July, 2011, Mercer conducted the statewide survey. Results of the Phase One survey are included in the final version of the Phase One final report.</p> <p>On Aug. 31, 2011, HHSC received the final version of the Phase One final report and recommendations. HHSC sent a copy of the final version of the Phase One final report and recommendations to counsel on September 6, 2011. Plaintiffs' counsel was provided a copy of the final report on October 7, 2011. This report was included as Exhibit 12 to the October 2011 QMR.</p> <p>Phase One of the study surveyed a representative sample of the entire <i>Frew</i> class to determine reasons class members miss checkups and provide recommendations for the development of materials for use in the five outreach strategies to be studied. In addition to the survey, Mercer conducted a baseline assessment of class members' rates of checkups and follow-up care. This will be used as benchmark measure to evaluate whether the Phase Two outreach and informing interventions improve rates of checkups and follow-up care.</p> <p>Plaintiffs objected to Mercer's baseline assessment of checkup and care rates because Mercer chose to limit its baseline assessment to class members enrolled in Medicaid for 11 months or longer. Plaintiffs believe this compromises the validity of the study by eliminating a large percentage of the class. Plaintiffs' comments were shared with Mercer, and Mercer has explained its reasons for proceeding in this way. Among them is that length of member enrollment in the</p>

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		<p>program is a major potentially confounding factor for the study. Mercer believes the opportunity for exposure to an outreach intervention, and for the intervention to have an effect, will be greater for those with longer enrollment. Class members enrolled for shorter periods may not be exposed to an intervention, or may not remain enrolled long enough for its impact to be measured. To adequately evaluate the impact of the piloted interventions and correctly attribute changes to the interventions, Mercer recommends proceeding in the way it originally proposed.</p> <p>HHSC defers to its independent researcher on this point. HHSC therefore accepted the Phase One report with no changes and Phase Two implementation continues as summarized below.</p> <p><u>PHASE TWO:</u></p> <p>Phase Two began September 2011 and will continue through September 2012. The second phase of the O&I study involves implementation of the five outreach strategies (media, phone, mail, intensive community based outreach, and intensive school based outreach) in the agreed upon geographic areas. Based on recommendations made by Mercer in its Phase One final report, HHSC and its vendors either developed new or revised existing outreach and informing materials for use in the five areas identified for the study.</p> <p>Through competitive bid, HHSC secured the services of Sherry Matthews Advocacy Marketing to implement the paid media portion of the O&I study in Education Service Center (ESC) Region 17, the Lubbock Designated Market Area.</p> <p>MAXIMUS, the Texas Health Steps (THSteps) outreach vendor, is implementing four of the five strategies:</p>

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		<ul style="list-style-type: none"> • Intensive school-based outreach within an urban school district (Everman ISD) and a rural school district (Mineral Wells ISD) in ESC Region 11 (Ft. Worth area), • Intensive community-based outreach with community based organizations serving urban area and rural areas in ESC Region 13 (Austin area), • Direct mail outreach to children in ESC Region 6 (Huntsville area), • Phone outreach to children in ESC Regions 8 and 10 (Mt. Pleasant and Richardson areas). <p><i>Paid Media:</i> Using input from the Mercer Phase One final report, the contractor developed and produced 30 and 15 second English and Spanish TV commercials and 30 and 60 second English and Spanish radio commercials promoting THSteps. The commercials are now running in the Lubbock Designated Market Area.</p> <p>The TV commercials are temporarily available for viewing on the website for Charlie Uniform Tango, the production company that edited the commercials. The radio commercials are available for listening upon request.</p> <p>The TV commercial, named "Best Foot Forward", has won a silver Telly Award. The Telly Awards is an international competition that recognizes excellence in TV, video, and film. The 2012 winners will be posted on the Telly Awards website in the near future. (http://www.tellyawards.com/awards/) As is noted on their web site, "the Telly Awards is the premier award honoring the finest film and video productions, groundbreaking web commercials, videos and films, and outstanding local, regional, and cable TV commercials</p>

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		<p>and programs.” “The 32nd Annual Telly Awards received over 11,000 entries from all 50 states and 5 continents.”</p> <p><i>Intensive School and Community Based Efforts:</i></p> <ul style="list-style-type: none"> • MAXIMUS developed a tool kit comprised of THSteps resources and outreach materials that school personnel and community-based organization staff members can use to encourage families to participate in THSteps. • MAXIMUS also developed a training module that can be customized to the Medicaid service area in which the school or community organization is located. The training covers the various Medicaid programs and service delivery models, and explains THSteps and the benefits available to children with Medicaid coverage, including but not limited to case management and the Medical Transportation Program. <p><i>Direct Mail:</i></p> <ul style="list-style-type: none"> • HHSC used recommendations from the Mercer Phase One final report to modify “due” letters for children age three and younger and the “non-participant” letter. The revised letters were provided as Exhibit 15 of the October 2011 QMR. • The “due” letters sent to class members in direct mail area will include the brochure EPSDT-16, “Visits to the Doctor and Dentist,” the card EPSDT-08, “Texas Health Steps Wallet Card,” and the card MTP-410, “Need A Ride to the Doctor? Call Medicaid.” • The “non-participant” letter sent to class members in the direct mail area will include the brochure EPSDT-05, “Checkups and A Whole Lot More!,” the card EPSDT-08, “Texas Health Steps Wallet Card,” and the card MTP-410, “Need A Ride to the Doctor? Call Medicaid.”

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		<p><i>Telephone Outreach:</i> HHSC used recommendations from the Mercer Phase One final report to modify the phone script, “Non-participant Follow-up Script for Outbound and Field Staff.” The revised script was provided as Exhibit 16 of the October 2011 QMR.</p> <p>In December 2011, HHSC corrected several errors in the ZIP code data the agency had provided to Mercer for assessment of the direct mail and telephone outreach. The errors involved a small number of rural ZIP codes. Mercer assessed the situation, corrected the error in their data, and determined that the error will not invalidate the study, nor will it prevent valid comparison of the baseline and post-intervention data.</p> <p><u>PHASE THREE:</u> Phase Three of the O&I study is scheduled for completion in August 2013. During Phase Three, Mercer will conduct analysis of claims and encounter data as well as complete a post-intervention survey to determine potential impact of each outreach strategy on utilization of THSteps checkups and follow-up visits.</p>

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¶ 88	<p>Assure an adequate provider pool by recruiting new providers, retaining current providers, encouraging current providers to increase class members served, and facilitating training.</p>	<p>Revised major assessments of the Medicaid provider base, to include 85 provider types, will be provided for state fiscal years 2008 and 2010. Revised interim assessments on 8 provider types will be provided for state fiscal years 2009 and 2011. Each assessment will report on the number of “available” providers, defined as to those who have treated at least one new class member within the six-month period ending August 31 of the report year. Defendants will provide the reports by June 30, 2012. The Court has taken the remainder of Plaintiffs’ motion under advisement.</p> <p><u>Provider Recruitment and Retention</u> As required by HHSC contracts, the Medicaid claims administrator (TMHP) and all Medicaid managed care organizations are required to maintain an adequate network of health-care providers to provide medically necessary care to Class Members. Additional information on provider networks in Medicaid managed care can be found in ¶ 197.</p> <p><u>TMHP Medicaid Provider Enrollment</u> TMHP performs provider recruitment and retention activities on behalf of Texas Medicaid and other state health programs. Excerpts of the <i>TMHP Monthly Provider Relations Report</i> are attached as EXHIBIT 8. This report is not generated to comply with an order in this case. Rather, it is a report generated by TMHP as required by its contract with HHSC. Defendants have attached the entire report with previous QMRs. This quarter, Defendants attach only those portions of the report concerning obligations related to the orders in this case. Eliminated portions of the report relate to state healthcare programs other than the Medicaid/Texas Health Steps program (e.g., family planning and Children with Special Health Care Needs (CSHCN)). Actions taken for these programs are not relevant to</p>

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		<p>Defendants' compliance with the <i>Frew</i> Consent Decree and/or Corrective Action Orders.</p> <p>As reported to HHSC by the Medicaid claims administrator, Texas Medicaid and Healthcare Partnership (TMHP), for the months of December 2011, January 2012, and February 2012. TMHP completed 1,327 provider applications. The table below represents new provider numbers assigned during the month for the provider types listed. It does not include all enrollments and may not represent new distinct types of health-care providers.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">Medicaid Provider Enrollment</th> </tr> <tr> <th style="text-align: center;">Program</th><th style="text-align: center;">Dec 2011</th><th style="text-align: center;">Jan 2012</th><th style="text-align: center;">Feb 2012</th></tr> </thead> <tbody> <tr> <td>Family Practice</td><td style="text-align: center;">353</td><td style="text-align: center;">213</td><td style="text-align: center;">278</td></tr> <tr> <td>Pediatrics (includes sub-specialists)</td><td style="text-align: center;">121</td><td style="text-align: center;">48</td><td style="text-align: center;">79</td></tr> <tr> <td>THSteps Medical</td><td style="text-align: center;">31</td><td style="text-align: center;">30</td><td style="text-align: center;">39</td></tr> <tr> <td>THSteps Dental (includes all dental specialties)</td><td style="text-align: center;">16</td><td style="text-align: center;">63</td><td style="text-align: center;">56</td></tr> </tbody> </table> <p>TMHP Medicaid Provider Recruitment</p> <p>TMHP Provider relations staff conducts recruitment efforts for all Medical health-care providers. Targeted provider recruitment is conducted on a monthly basis and is based on provider access within a geographic area. TMHP focuses efforts towards counties with low participation. The following chart shows TMHP recruitment efforts for select provider types during this reporting period.</p>	Medicaid Provider Enrollment				Program	Dec 2011	Jan 2012	Feb 2012	Family Practice	353	213	278	Pediatrics (includes sub-specialists)	121	48	79	THSteps Medical	31	30	39	THSteps Dental (includes all dental specialties)	16	63	56
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		<p>During the months of December 2011, January 2012, and February 2012, there were 3,179 provider recruitment efforts by TMHP provider relations staff. Out-of-state providers were also contacted. The specific counties are listed in the <i>TMHP Monthly Provider Relations Report</i> as provided. (EXHIBIT 8)</p> <p><u>TMHP Medicaid Provider Retention</u></p> <p>Retention efforts focus on problem solving and education concerning program activities. TMHP informs health-care providers through visits, recruitment efforts, workshops, in-service, and seminars about information available through TMHP's website (www.tmhp.com), including the names and phone numbers of provider relations staff.</p> <p>TMHP made 1,651 retention contacts during the quarter covered by this report. During these visits, TMHP provider relations staff addressed provider concerns about participation in Medicaid. Out-of-state providers were also contacted. The specific counties are listed in the <i>TMHP Monthly Provider Relations Report</i> provided. (EXHIBIT 8)</p>																																		

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		There were 822 efforts related to retention of THSteps medical or dental providers during this quarter. Out-of-state providers were also contacted. The specific counties and additional information on retention visits are found in the <i>TMHP Monthly Provider Relations Report</i>. (EXHIBIT 8)
¶ 90	Simplified form for THSteps medical checkups to be used no later than 12/31/95.	Completed.
¶ 91	Immunization tracking system to be in place by 1/96 permitting providers to promptly request up to date information about patients' immunization status.	Completed.
¶¶ 92-93	Maintain updated lists of providers who serve class members. Provide Medicaid claims administrator staff information about provider practice limitations and encourage use of the information.	<u>Managed Care Provider Directories:</u> Each Medicaid Managed Care Organization (Health Maintenance Organization [HMO] and Primary Care Case Management [PCCM]) is required to maintain a provider directory and to update the directory quarterly. Provider directories are mailed to newly enrolled members and are available on each organization's website. See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for information on how HMOs and PCCM ensure provider directories are up-to-date and accurate. Periodically, HHSC Health Plan Management staff members randomly monitor the information in

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		<p>the provider directories for accuracy and compliance with the Uniform Managed Care Contract. These checks include manual review and comparison to provider lists and spot checks with health-care providers to confirm information. In general, spot checks are conducted based on tracking and trending of provider and member complaints. The spot checks are often geared towards a specific provider type in which there may be concern of access to care or network adequacy. Additionally, spot checks are conducted when a health plan is expanding into a new Service Area. Any deficiencies found during the review process are noted, and HHSC Health Plan Management conducts follow-up with the managed care organization.</p> <p>No HMOs were under corrective action related to inaccurate data in their provider directories during the reporting period.</p> <p><u>Online Provider Lookup (OPL)</u> As required by the <i>Corrective Action Order: Adequate Supply of HealthCare Providers</i>, HHSC developed a web-based provider lookup system referred to as the Online Provider Lookup (OPL). The OPL, housed on the claims administrator's webpage, www.tmhp.com, includes the most accurate and up-to-date information available to the claims administrator. Texas Medicaid & Healthcare Partnership (TMHP) is not aware of any phone calls, and has received no written correspondence during this quarter, with complaints from providers or clients regarding the accuracy of the data displayed in the OPL. TMHP made no enhancements to the OPL during this reporting period.</p> <p>Plaintiffs submitted a declaration from Dr. James Lukefahr, who testified that his Medicaid provider profile contains inaccurate information. See Dkt. No. 864.3. Providers agree to accept responsibility for regularly updating the Medicaid program as to the nature and</p>

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		location of their practice(s). Dr. Lukefahr's testimony acknowledged that he was not aware of what happened between "support staff" and TMHP. Once made aware of Dr. Lukefahr's complaint, however, Defendants have worked with TMHP, UTMB Galveston (Dr. Lukefahr's previous employer), and each Medicaid MCO appearing to incorrectly list Dr. Lukefahr as either a primary care provider, an available provider in Galveston, or both. To Defendants' knowledge, Dr. Lukefahr's provider profile is now accurate.
¶ 94	Staff in each of the DSHS regions is responsible for provider relations. Staff will work with providers who serve class members to reduce or eliminate problems that discourage providers from participating in the program.	In the course of their day-to-day operations, DSHS Health Service Region provider relations staff encourages providers to communicate problems they are encountering. DSHS Health Service Region provider relations staff receives emails, telephone calls, and faxes from providers experiencing problems that would potentially discourage them from continuing as a Medicaid Texas Health Steps provider. DSHS Health Service Region provider relations staff is skilled in addressing these problems and working with the providers to reduce or eliminate the problems by developing solutions with the provider or making referrals to others, such as the Texas Medicaid & Healthcare Partnership, for remedies not within the control of the DSHS Health Service Region provider relations staff.
¶ 96	Outreach units will respond to providers' requests for assistance to encourage class members to receive services when class members a) miss appointments or b) are overdue for checkups, and will explain how to contact outreach units.	DSHS Health Service Region provider relations staff, in their routine and ongoing communications with Texas Health Steps (THSteps) medical, dental, and case management providers, promotes the THSteps Provider Outreach Referral Service and trains providers on how to use the service. For additional information on outreach and informing activities of DSHS Health Service Region provider relations staff during this reporting period, please see the <i>DSHS THSteps Provider Relations Activities Report. (EXHIBIT 3)</i> MAXIMUS continues to respond to provider requests for assistance with class members.

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		<p>Additional information is provided in the <i>Missed Appointment Report Summary</i> in the <i>THSteps Monthly MAXIMUS Reports</i> for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)</p> <p><i>See also, ¶¶ 25 et al., 33 et al., and ¶ 60.</i></p>
¶ 98-99	Implement a method to index the reimbursement rate for medical checkups in non-managed care areas.	Completed.
¶¶ 100-102	Recruit professional schools to become THSteps providers.	<p>Texas Medicaid & Healthcare Partnership (TMHP) provider relations staff conducted presentations at three professional schools during this reporting period:</p> <ul style="list-style-type: none"> • Baylor College of Medicine Medical School in Houston, December 2011 • Baylor College of Dentistry, December 2011 • University of TX Health Science Center School of Nursing in San Antonio, January 2012. <p>See the <i>TMHP Monthly Provider Relations Report</i> provided as EXHIBIT 8 for additional information.</p> <p>The state dental director and staff with the DSHS Oral Health Program (OHP) work with each of the three Texas dental schools to facilitate the enrollment of full-time and part-time dental faculty as Texas Health Steps (THSteps) providers. All three Texas dental schools currently have dental</p>

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		<p>faculty enrolled as THSteps dental providers and are able to offer class members a full range of dental services. The state dental director and staff with the DSHS OHP work with representatives from all three Texas dental schools to encourage further participation as THSteps dental providers. First Dental Home training continues to be offered to faculty, senior dental students, and pediatric dental residents at all three Texas dental schools.</p> <p>Periodically throughout the year, the DSHS Health Service Region provider relations staff contact various medical, nursing, and social work schools in their geographic areas. Presentations on THSteps services are offered to discuss how they, as health-care professionals, can be part of this preventive health program for children upon graduation.</p>
¶ 103	The Medicaid claims administrator will increase its provider relations staff to 28 to increase recruitment efforts.	Completed.
¶¶ 104-106	<p>Regional provider relations staff will:</p> <ul style="list-style-type: none"> • Assist providers to receive training relevant to provision of services to class members. • Assist providers and their administrative staff to receive training about the administration of the THSteps program. 	<p>DSHS Health Service Region provider relations staff distributes information packets to providers on an ongoing basis. DSHS central office Texas Health Steps (THSteps) staff assists DSHS Health Service Region provider relations staff by reviewing materials to ensure that consistent and current information is provided.</p> <p>On a statewide basis, DSHS Health Service Region provider relations staff, together with Texas Medicaid & Healthcare Partnership (TMHP) staff, continues to assist providers and their staff by providing training relevant to the provision of services to class members and administration of the Texas Medicaid Program. DSHS Health Service Region provider relations staff provides Expert</p>

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		<p>Forums for providers at the regional level that include staff from relevant programs, such as the DSHS Laboratory and other public health programs (e.g., immunizations, lead screening, etc.).</p> <p>DSHS Health Service Region provider relations staff promotes the use of the THSteps Online Provider Education (OPE) modules, which inform potential and current medical and dental providers on THSteps services and benefits. Among the THSteps OPE modules offered is training regarding cultural sensitivity to assist in improving providers' understanding of the realities and challenges faced by class members. Other THSteps OPE modules also refer and link to this module.</p> <p>Additional information on the training activities of DSHS Health Service Region provider relations staff this reporting period may be found in the <i>DSHS THSteps Provider Relations Activities Report (EXHIBIT 3)</i></p> <p>All of the THSteps OPE modules are available online and in a face-to-face lecture format. The modules are free of charge, provide free continuing education (CE) credit, and are available to all professional schools. All THSteps OPE modules are reviewed and updated annually for the renewal of their CE accreditation. All modules have current accreditation.</p> <p>Training modules “Medicaid 101” and “Medicaid Children’s Services” have been removed from the catalog of courses on the OPE site. These courses are being combined into one module and updated to reflect changes to Medicaid policy and current Medicaid practices.</p> <p>Defendants are providing the <i>THSteps OPE Module Utilization Report Cumulative & By Quarter</i> as EXHIBIT 9. The cumulative report reflects a total of 18,962 participants have</p>

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		<p>completed THSteps OPE modules since the first module was made available in November 2006. From December 2011 through February 2012, a total of 2,187 participants completed THSteps OPE modules.</p> <p>THSteps OPE modules are also offered in a face-to-face format. Since the face-to-face format relies on paper for data collection, there is a lag between the training session and reporting the attendance at the training session. The face-to-face format offers the same content as the THSteps OPE modules and the CE units through a different delivery format. The THSteps Online Provider Education Module Utilization: Face-to-Face Delivery Report Cumulative & By Quarter. (EXHIBIT 10)</p> <p>DSHS Health Service Region provider relations staff facilitate the training sessions. The cumulative report reflects a total of 2,599 participants have completed THSteps face-to-face delivery of OPE modules since the first module was made available May 1, 2008. From December 2011 through February 2012, 54 participants have completed various modules face-to-face.</p> <p>Training requirements of the decree are applicable to ¶¶ 88, 106, 108 - 109, 112, 116, 120, 122 - 123, 129, 131, 137 - 138, 194.</p>
¶ 107	Provide information and facilitate ongoing training about Medicaid and THSteps at all schools that train health care providers that can serve class members.	<p>See ¶¶100-102 and the TMHP Monthly Provider Relations Report provided as EXHIBIT 8 for information on Texas Medicaid & Healthcare Partnership (TMHP) training efforts this reporting period.</p> <p>Periodically throughout the year, the DSHS Health Service Region provider relations staff contacts</p>

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		<p>various medical, nursing, and social work schools in their geographic areas. Presentations on Texas Health Steps (THSteps) services are offered to discuss how they, as health-care professionals, can be part of this preventive health program for children upon graduation and to provide training on THSteps checkup components. Staff shares information about the THSteps Online Provider Education (OPE) modules with this audience as well.</p> <p>DSHS Health Service Region provider relations staff throughout the state provides information/trainings about Medicaid and THSteps services at schools or institutions that train health-care providers that may serve class members. Training activities conducted during this reporting period by DSHS Health Service Region provider relations staff are included in the DSHS THSteps Provider Relations Activities Report. (EXHIBIT 3)</p> <p>On January 30, 2012, the State Dental Director (Dr. Altenhoff) provided an overview about Medicaid, THSteps dental services, and public health dental services to the senior dental hygiene students at Baylor College of Dentistry in Dallas.</p> <p>Please also refer to information providing in paragraphs 100-102 for details regarding recruitment of professional schools and to information provided in paragraph 108 for details regarding First Dental Home (FDH) and Oral Evaluation and Fluoride Varnish in the Medical Home (OEVF) training.</p>
¶ 108	Make staff available to participate in ongoing training in conjunction with appropriate professional training, e.g., how to conduct a	DSHS staff proactively notifies professional associations and others who serve providers that DSHS is available to provide training designed to increase their understanding of issues relevant to the provision of Texas Health Steps (THSteps) services.

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	<p>medical check up for a teenager or a dental check up for an infant.</p>	<p>As required by the <i>CAO: Health-Care Provider Training</i>, a statewide training was implemented for general dentists to provide checkups to children under age three. First Dental Home (FDH) training educates THSteps dental providers on how to conduct a dental checkup on a child 6 through 35 months of age. During this reporting period, 171 general dentists completed training through the FDH online module. For additional details, see the <i>First Dental Home Training by Location, Date, and Number of Attendees</i>, required by the CAO: Health Care Provider Training. (EXHIBIT 11)</p> <p>As of August 2011, 2,191 general dentists had been trained and certified to provide dental checkups to children less than 36 months of age. During the fourth quarter of SFY 2011:</p> <ul style="list-style-type: none"> • 1,786 (81.5%) of these trained general dentists billed Medicaid for providing any dental services to children under age three. • 153,377 children under age three received dental checkup services from these trained general dentists. • 30,693 children under age three received other dental services from these trained dentists. <p><i>See EXHIBIT 12, required by the CAO: Health Care Provider Training, <i>Dental Services Provided to Children under 36 Months of Age During June 2011 through August 2011 by General Dentists after Completing the Training</i> for additional details.</i></p> <p>In addition to training provided for general dentists described above,</p> <ul style="list-style-type: none"> • One (1) pediatric dentist completed the FDH training/certification and submitted registration information to DSHS Oral Health staff in order to be identified as FDH

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		<p>providers. DSHS Oral Health Program staff is available by phone and email to answer questions associated with FDH training and implementation.</p> <ul style="list-style-type: none"> • DSHS Oral Health Program staff provided Oral Evaluation and Fluoride Varnish (OEFV) in the Medical Home training to 28 physicians, 14 physician assistants, 6 advanced practice registered nurses, and 48 medical residents through the THSteps Online Provider Education OEFV training module.
¶ 109	Staff will be made available to professional organizations for training about THSteps to include THSteps administrative aspects and clinical issues.	<p>Texas Medicaid & Healthcare Partnership (TMHP) participated and provided training and information on Medicaid services to multiple professional organizations and associations during the period covered by this report. For a complete listing, see Section 8 (Outreach Events) of the TMHP Monthly Provider Relations Report. (EXHIBIT 8)</p> <p>DSHS Oral Health Program (OHP) staff continues to work with the Texas Dental Association (TDA), the Texas Academy of Pediatric Dentistry (TAPD), and the Texas Academy of General Dentistry (TAGD) to identify training opportunities for Texas Health Steps (THSteps) enrolled dentists, and to identify administrative and/or clinical issues and possible solutions through quarterly Medicaid dental stakeholder meetings. DSHS OHP staff continues to work with TDA, TAPD, TAGD, and the three Texas dental schools to provide ongoing training about THSteps, to identify dental provider enrollment concerns, and to identify strategies to recruit more THSteps dental providers. THSteps staff is available to professional organizations to assist in the provision of training on THSteps.</p> <p>DSHS OHP staff continues to work with all three Texas dental schools to offer First Dental Home (FDH) training to their senior dental students and their dental pediatric and general practice</p>

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		<p>residents for the 2011-2012 academic year. Participants will receive documentation of training completion that can be used upon graduation should the participants decide to enroll as THSteps dental providers. This will enable the graduates to provide FDH visits to class members 6 through 35 months of age immediately upon enrollment in Texas Medicaid.</p> <p>Please also refer to information provided in paragraphs 100-102 for details regarding recruitment of professional schools.</p>
¶¶ 110-111	Conduct training seminars for medical and dental check up providers about THSteps. Training will include billing and administrative issues.	<p>Trainings about Texas Health Steps billing and administrative issues are available to providers via Texas Medicaid & Healthcare Partnership's (TMHP's) computer based training (CBT). There were 68 views of the THSteps CBT during the reporting period (December 2011-February 2012). Additional information on TMHP training activities can be found in the TMHP Monthly Provider Relations Report. (EXHIBIT 8)</p>
¶¶ 112-114	Facilitate training for professionals about mental health assessments for indigent children and youth. The training will describe Medicaid coverage of outpatient mental health services.	<p>In response to the decree and corrective action order requirements, Mental Health Screening and Mental Health and Behavioral Disorders modules were developed and first introduced to the Texas Health Steps (THSteps) Online Provider Education (OPE) line-up in 2008. The initial modules were made possible through a collaborative effort between THSteps and the DSHS Mental Health and Substance Abuse Services Division.</p> <p>Collaborative efforts continue with DSHS Mental Health and Substance Abuse Services Division with their review, updates, and suggested module topics. Modules relating to outpatient mental health services are:</p> <ul style="list-style-type: none"> • <i>Mental Health Screening</i> – introduces THSteps providers and others to best practices for mental

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		<p>health screening and Medicaid coverage for mental health services for children from birth through age 20.</p> <ul style="list-style-type: none"> • <i>Mental, Emotional, and Behavioral Disorders</i> – educates THSteps providers on the identification, assessment, and management of children with mental, emotional, and behavior disorders. • <i>Identifying Children and Teens with High-Risk Behavior</i> – educates THSteps providers and others as to the principal signs and symptoms of high-risk behavior in children and teens, as well as intervention and treatment options. • <i>Pediatric Depression: When to Refer</i> – educates THSteps providers and others about how to identify and manage depression in children and adolescents who present in a primary care setting; when to refer more severe cases to a psychiatric specialist; and what ongoing care and coordination is needed for clients in the mental health specialty system. <p>These mental health related modules are available online and in a face-to-face lecture format. Both formats are free to participants and provide continuing education units. For information about the usage of these and other THSteps OPE modules, Defendants are providing the THSteps Online Provider Education Module Utilization Report, Cumulative & By Quarter. (EXHIBIT 9)</p> <p>DSHS Health Service Region provider relations staff provides training to providers and other professionals regarding all components of the THSteps medical checkup, including the mental health screening. For additional information on DSHS Health Service Region provider relations training activities, Defendants are providing the DSHS THSteps Provider Relations Activities Report. (EXHIBIT 3)</p>

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		Ongoing provider training is a primary focus of DSHS Health Service Region provider relations staff. In addition, DSHS Health Service Region provider relations staff participates in community resource and coordination groups with other DSHS staff, juvenile probation representatives, and school district personnel. In such forums, participants provide THSteps information, offer resources, discuss options, and seek solutions for families or caretakers with children who have mental health/behavioral issues, special health-care needs, or families in crisis. DSHS case managers also participate by providing their knowledge and expertise about THSteps and Medicaid regarding services and community resources. As part of their meetings and participation in the various events, DSHS case management staff also promotes the THSteps OPE modules describing their content, ease of access, and the free Continuing Education units offered on completion.
¶ 115	By January 15, 1996, Defendants will convene a panel of experts in child and adolescent mental health to evaluate the THSteps mental health screening tool for validity and appropriateness for use in Texas. The evaluation will be completed by April 15, 1996, and any needed changes implemented by September 1, 1996.	Completed.
¶ 116	Facilitate training for professionals in the provision of THSteps	Several of the Texas Health Steps (THSteps) Online Provider Education (OPE) modules, including Adolescent Health Screening, Identifying Children and Teens with High-Risk Behaviors, and Teen

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	services to teenagers.	<p>Consent and Confidentiality modules, cover important information about the provision of services to teens. For information about the usage of these and other THSteps OPE modules, Defendants are providing the THSteps Online Provider Education Module Utilization Report Cumulative & By Quarter, EXHIBIT 9, and the THSteps Online Provider Education Module Utilization: Face-to-Face Delivery Report Cumulative & By Quarter. (EXHIBIT 10)</p> <p>DSHS Health Service Region provider relations staff facilitates training to professionals on numerous issues related to THSteps, including the provision of services to teenagers. For additional information on DSHS Health Service Region provider relations training activities, Defendants are providing the DSHS THSteps Provider Relations Activities Report. (EXHIBIT 3)</p>
¶ 117	Facilitate training on new clinical issues regarding provision of care to class members.	<p>Defendants continue with additional efforts and marketing strategies aimed at reaching a broader audience and securing greater provider participation in the Texas Health Steps (THSteps) Online Provider Education (OPE) modules.</p> <p>Web marketing strategies were implemented for OPE beginning in November 2011. From December 1, 2011, through February 29, 2012, web advertisements resulted in a 3.76 percent click-to-conversion rate (meaning that 3.76 percent of the people who clicked on an OPE web advertisement completed the registration process). The THSteps OPE web advertisements click to conversion rate of 3.76 percent is higher than the industry average during this reporting period. According to the Fireclick Index, an industry-leading provider of web analytics services, the most recent average conversion rate across the web is 1.00 percent. In addition to web advertisements, print advertisements continue to be placed in appropriate trade magazines throughout the State of Texas.</p>

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		<p>To renew accreditation, subject matter experts review and update the content of each THSteps OPE module annually. During the annual review and update, new information is added to the modules. If new clinical issues arise prior to the annual review, the THSteps OPE modules are updated to reflect the changes.</p> <p>The THSteps OPE modules are not the only method that Defendants utilize to facilitate training of professionals. In addition to the THSteps OPE modules, other methods such as face-to-face trainings are offered. For example, THSteps dental staff provides the Oral Evaluation and Fluoride Varnish in the Medical Home (OEFV) training to medical providers and the First Dental Home (FDH) training to dental providers.</p> <p><i>See also, ¶108 for the numbers of providers trained on OEFV and FDH this reporting period.</i></p> <p>Also, a primary focus of the DSHS Health Service Region provider relations staff is to ensure, through Expert Forums and one-on-one office visits, that providers are educated on policy and benefit changes and updates relevant to the provision of care to class members. For additional information on DSHS Health Service Region provider relations training activities, Defendants are providing the DSHS THSteps Provider Relations Activities Report. (EXHIBIT 3)</p>
¶¶ 118-120	Develop training modules designed to be included in other training programs about the realities of class members' lives to attempt to improve providers' attitudes toward	Texas Health Steps (THSteps) program staff and relevant stakeholders collaborated to develop an Online Provider Education (OPE) module that portrays the realities of class members' lives and provides information about cultural sensitivity. The purpose of this module is to assist in improving providers' understanding of the realities and challenges faced by class members. Other THSteps OPE modules refer to and link to this module. During this quarter, 663 participants

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	class members. Provide training materials to professional schools.	<p>completed the module on Cultural Competence. See THSteps Online Provider Education Module Utilization Report Cumulative & By Quarter. (EXHIBIT 9)</p> <p>The DSHS Health Service Region provider relations staff engages in training on Cultural Sensitivity and promotes the THSteps OPE modules to professional schools. For additional information on DSHS Health Service Region provider relations training activities, Defendants are providing the DSHS THSteps Provider Relations Activities Report. (EXHIBIT 3)</p>
¶ 121-123	<p>Training for nurses will be available to DSHS and non-DSHS nurses. Training will include information about:</p> <ul style="list-style-type: none"> • The comprehensive nature of THSteps. • The provision of services for teens. • Mental health assessments and mental health services. • Cultural sensitivity. • New clinical issues as they arise. 	<p>Texas Health Steps (THSteps) program staff and relevant stakeholders collaborated to develop THSteps Online Provider Education (OPE) modules that contain courses approved for Continuing Education by the American Nurses Credentialing Center's Commission on Accreditation. Module topics include:</p> <ul style="list-style-type: none"> • THSteps program overview and its benefits for class members. • Adolescent Health Screening. • Identifying Children and Teens with High Risk Behaviors. • Cultural Competence. • Mental Health Screening. • Mental Health and Behavioral Disorders. • Specimen Collection. • The most up-to-date clinical processes. <p>All of these modules are available online and in a face-to-face lecture format.</p>

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	<p>Participants who self-identify as nurses account for the greatest proportion of health professionals that complete the THSteps OPE modules. Since the first THSteps OPE module was made available in November 2006, a total of 6,265 unduplicated nurses have completed modules online. During the current reporting period, nurses completed 2,525 modules online. See <i>THSteps Online Provider Education Module: Utilization by Nurses Report Cumulative & By Quarter.</i> (EXHIBIT 13)</p> <p>For the period from December 2011, through February 2012, DSHS Health Service Region provider relations staff provided 14 sessions of THSteps OPE modules in a face-to-face format in various regions. Of those participating in these face-to-face sessions, a total of 17 nurses completed one or more of the sessions. The sessions consisted of the following modules:</p> <ul style="list-style-type: none">• Adolescent Health Screening• Immunizations• Specimen Collection• Teen Consent and Confidentiality• THSteps Overview <p>For more information on the utilization of the THSteps OPE modules in a face-to-face format, Defendants are providing the <i>THSteps Online Provider Education Module Utilization by Nurses Report Cumulative & By Quarter.</i> (EXHIBIT 13)</p>

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		<p>DSHS Health Service Region provider relations staff also provides Expert Forums to which nurses are invited. For additional information to further support DSHS Health Service Region provider relations training activities, Defendants are providing the DSHS THSteps Provider Relations Activities Report. (EXHIBIT 3)</p>
¶ 124-130	<p>Training for pharmacists about THSteps and Medicaid coverage of items found in pharmacies. The training process will include validation of knowledge and understanding. If understanding is not acceptable, an initiative to orally inform pharmacists about THSteps coverage is required.</p>	<p><u>Pharmacy Continuing Education Online Course</u> HHSC's Vendor Drug Program (VDP) and the Texas Pharmacy Association (TPA) continue to post information on their websites about the pharmacy continuing education (CE) online course, available through Texas Health Steps (THSteps). The THSteps Online Provider Education (OPE) trainers continue to work with Sherry Mathews Advocacy Marketing (SMAM) and the VDP staff at HHSC to determine better ways in which to reach this target audience.</p> <p>Information about the course is included in direct mail to all newly contracted VDP pharmacies, continues to appear in all issues of the RxUpdate periodicals, and has been re-sent to all HHS News Service subscribers via an e-mail message. During the period covered by this report, 7 pharmacists and 18 pharmacy technicians participated in the free CE online training.</p> <p><u>Activity with Texas Pharmacy Association (TPA)</u> TPA continues to post information on their website about the free pharmacy continuing education online course, (http://centerforexcellence.txpharmacy.org/index.cfm?pg=CELinks). TPA also continues to post information about guidelines for the 72-hour emergency supply prescriptions, information about VDP's quarterly newsletter, the VDP website, the free online searchable tool of formulary and clinical edit criteria, and the new VDP prior authorization vendor which can be found on their website at: http://www.txpharmacy.com/displaycommon.cfm?an=1&subarticlenbr=165).</p>

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		<p><u>72-Hour Emergency Prescription</u> VDP and TPA continue to post information about the 72-hour emergency supply prescription procedures on their websites. In addition, the information is included in mailings to all newly contracted pharmacies, continues to appear in all issues of the RxUpdate periodicals, was re-sent to all HHS News Service subscribers via an e-mail message, and is included as part of education during regional pharmacists' on-site visits.</p> <p><u>Durable Medical Equipment (DME) Pharmacy Provider</u> VDP continues to encourage pharmacy DME enrollment by posting information about DME enrollment procedures on their website. In addition, the information is included in mailings to all newly contracted pharmacies, continues to appear in all issues of the RxUpdate periodicals, is discussed during VDP regional pharmacists' on-site visits, and was re-sent to all HHS News Service subscribers via an e-mail message.</p> <p><u>Limited Home Health Supplies Provided by VDP Medicaid Enrolled Pharmacies</u> A Texas Administrative Code (TAC) rule allowing limited DME and home health medical supplies to be billed through VDP's claims processing system was posted as adopted in the October 7, 2011 issue of the Texas Register. <i>See</i> 36 Tex. Reg. 6717 (2011) (to be codified at 1 TEX. ADMIN. CODE § 354.1042). The rule will be effective May 1, 2012. Updates will be provided in a future QMR.</p> <p><u>VDP Regional and Austin Staff Activities</u> Pharmacy visits are conducted for continuing education, monitoring, and compliance. The visits may be random or targeted based on identified issues. Education provided during these visits includes information about 72-hour emergency supply prescription procedures, the pharmacy</p>

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		<p>continuing education online course, DME, the formulary search tools, and other Medicaid services.</p> <p>VDP regional staff attended DSHS' 2012 Texas Health Steps Medical Provider Expo in Houston. VDP regional staff provided education and answered questions regarding Medicaid VDP procedures, including 72-hour emergency supply prescriptions. Educational reminders including information on the Preferred Drug List and the process to obtain prior authorizations for Medicaid prescriptions were also provided.</p> <p><u>Managed Care Expansion – Pharmacy Benefit Preparation</u></p> <p>VDP and HHSC Health Plan Operation (HPO) staff conducted Medicaid Managed Care (MMC) Expansion Provider and MMC Trainings in preparation for the 2012 MMC expansion, which includes pharmacy benefits. Provider training webinars were held in Austin on December 16th and 20th in response to requests from providers made during a November 2011 Texas House Human Services Committee hearing. Trainings for Managed Care Organizations (MCOs) and Pharmacy Benefit Managers (PBMs) were also held in Austin February 14-15, 2012. Topics included pharmacy information about 72-hour emergency supply prescription procedures, prior authorization timeline determination, DME, formulary search tools, and other Medicaid pharmacy benefit services.</p> <p>This quarter, VDP and HPO staff performed site visits to MCO client contact centers and / or pharmacy provider call centers, as well as PBMs contracted with MCOs. HHSC conducted readiness reviews of PBM claim processing systems, including claim edits, rejection messages, and call center policy and procedures. Readiness reviews verified availability of electronic return messages that will inform pharmacy staff of the phone number the prescriber should call to request prior authorization. The message also reminds pharmacy staff of the option to</p>

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		<p>submit a 72-hour prescription fill if the prescriber is not available. Call center readiness reviews included awareness of the 72-hour emergency supply prescription claim policy and the requirement to review prior authorization requests within 24 hours.</p> <p>VDP also enhanced the claims processing system to insure that the appropriate billing entity is identified.</p> <p>For continuity of care, VDP shared all existing drug prior authorizations with all MCOs. This was done to ensure any client with an existing PA on file with VDP will continue to receive medication from MCO\PBM without requiring another PA.</p> <p>VDP developed resources to assist pharmacies with the transition to managed care. These materials were mailed, emailed (via HHSC electronic subscription services) and faxed to all active VDP pharmacies and can be found at http://www.txvendordrug.com/claims/managed-care.shtml :</p> <ul style="list-style-type: none"> • Pharmacy notification letter • MCO/PBM by county/service area • Billing Assistance chart (used with “AF” return message to identify specific MCO billing information) • MCO Pharmacy Enrollment chart • Eligibility Verification tools <p>VDP also developed resources for prescribing providers to inform of the pharmacy benefit</p>

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		<p>changes and assist Medicaid prescribing providers of the transition to MCO. Resources were disseminated by TMHP to all providers enrolled through TMHP. These can be found at http://www.txvendordrug.com/claims/managed-care.shtml</p> <p><u>Activity with the Texas State Board of Pharmacy</u> Texas State Board of Pharmacy (TSBP) continues to include information on its website about the 72-hour emergency prescription, free pharmacy continuing education online course, information on how to obtain maximum Medicaid coverage for claims covered by third-party insurance (coordination of benefits) and information about VDP's new pharmacy claims processor. http://www.tsbp.state.tx.us/vendordrug.htm</p> <p><u>Activity with the Texas Pediatric Society</u> The Texas Pediatric Society (TPS) continues to include information on its website on the preferred drug list and the process to obtain prior authorizations for Medicaid prescriptions. http://www.txpeds.org/texas-medicaid-vendor-drug-program</p>
¶ 131	Arrange scholarships to enable needy providers to attend DSHS sponsored THSteps training programs.	<p>The Texas Health Steps (THSteps) Online Provider Education modules are free and are available online and in the face-to-face lecture format.</p> <p>Numerous free trainings are offered in regional locations by both DSHS and Texas Medicaid & Healthcare Partnership (TMHP). These free trainings include the THSteps Expert Forums, and all TMHP provider workshops, seminars, and in-service trainings. Scholarships are unnecessary since all training opportunities are provided at no charge.</p>
¶¶ 136-138	Assist public providers to fully	DSHS Health Service Region provider relations staff provides training and information on training

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	<p>serve class members by:</p> <ul style="list-style-type: none"> • Resolving problems preventing class members from receiving services from public providers. • Developing strong links between provider relations staff and family planning clinics to facilitate referrals. • Resolving issues for providers who receive cost based reimbursement for checkups. • Facilitating training for staff when appropriate. 	<p>opportunities to public providers. They also work to resolve issues that prevent THSteps class members from receiving services from public providers. For additional information on DSHS Health Service Region provider relations activities, Defendants are providing the DSHS THSteps Provider Relations Activities Report. (EXHIBIT 3)</p>
¶ 139-140	Coordinate efforts to recruit family planning clinics and other non-participating public providers to provide THSteps medical checkups.	<p>Texas Medicaid & Healthcare Partnership (TMHP) conducts recruitment of family planning clinics on a referral basis as directed by the state. During this quarter TMHP did not conduct recruitment efforts for family planning clinics. Additional information on TMHP recruitment activities is provided in the TMHP Monthly Provider Relations Report. (EXHIBIT 8)</p>
¶ 141	Recruit school districts to provide THSteps medical and dental check ups and coordinate other needed services.	<p>Texas Medicaid & Healthcare Partnership (TMHP) includes Texas Health Steps recruitment during initial recruitment visits with districts for school health services. Initial recruitment visits are made upon referral. During this quarter TMHP did not conduct recruitment efforts. Additional information on TMHP recruitment activities for school districts is provided in the TMHP Monthly Provider Relations Report. (EXHIBIT 8)</p>

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¶ 142	Cooperate with Head Start programs to ensure Head Start class members have access to THSteps services.	<p>DSHS Health Service Region provider relations staff is a significant resource to the Head Start programs in their areas and helps to ensure Head Start students have access to Texas Health Steps (THSteps) services. DSHS Health Service Region provider relations staff continues to provide updates on changes to THSteps medical and dental checkup policy and facilitates access to MAXIMUS for those who need assistance. In some areas, they serve as a member of the Head Start committees and participate in community events targeting class members and others. For information on DSHS Health Service Region provider relations staff's collaborative efforts with Head Start programs, see the <i>DSHS THSteps Provider Relations Activities Report</i>. (EXHIBIT 3)</p> <p>DSHS Oral Health Program (OHP) staff continues to collaborate with Head Start and dental associations such as Texas Dental Association (TDA), Texas Academy of Pediatric Dentistry (TAPD), Texas Academy of General Dentistry (TAGD), the Texas Dental Hygienist's Association (TDHA), the three Texas dental schools, and other community and faith-based organizations to identify ways to increase access to dental care for class members and Head Start participants.</p> <p>Defendants continue their ongoing efforts with Head Start grantees and/or centers to share information with both administrators and parents/caretakers. These activities include presenting information in trainings targeted to Head Start, making visits to Head Start programs, and presenting in collaborative forums in which Head Start representatives and/or parents are in attendance. MAXIMUS' efforts related to Head Start programs are detailed in Section 7 of the <i>THSteps Monthly MAXIMUS Reports</i> for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)</p>
Check ups	Coordinate decisions for	<u>Medical Checkups</u>

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CAO	implementing changes in THSteps check up elements with appropriate professional organizations.	<p>DSHS and HHSC continue to facilitate the Texas Health Steps (THSteps) Provider Advisory Panel (formerly Process Improvement Plan Workgroup) to receive provider feedback on THSteps medical checkups and program processes. The panel met in February; however, there were no decisions related to changes in medical checkup elements during this reporting period.</p> <p><u>Dental Checkups</u> The state dental director and DSHS Oral Health Program staff continue to work with the Texas Dental Association, the Texas Academy of Pediatric Dentistry, the Texas Academy of General Dentistry, and the three Texas dental schools to coordinate the gathering of suggestions and input from Medicaid dental stakeholders that is considered when making decisions associated with the implementation of potential changes in THSteps dental checkup elements. At this time, no changes are planned to the THSteps dental checkup elements.</p>
Rx and DME CAO	Preferred Drug List Subscription Service.	<p>As required by the <i>Corrective Action Order: Prescription and Non-prescription Medications, Medical Equipment and Supplies</i>, HHSC implemented, and continues to offer, an online subscription service for the preferred drug list. Information on drugs is updated as the Medicaid PDL is updated. Currently, there are 61,427 active subscribers for this service at no cost to the subscriber.</p> <p>In addition to the online service, HHSC offers the searchable enhanced formulary and clinical edit criteria maintained by Health Information Designs, Inc. (HID) PAXpress continues to be found on the HHSC website at http://www.txvendordrug.com/formulary/enhanced-form-search.shtml, also with a direct web link: https://paxpress.txpa.hidinc.com/. The link is also posted on web sites for the Texas Pharmacy Association, Texas Medical Association, and Texas Pediatric Society.</p>

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		During this reporting period, there were 9,807 distinct visits to the VDP's new prior authorization (PA) vendor's PAXpress website. This web page includes links to the enhanced formulary search and the new online portal to submit requests for outpatient pharmacy prescription drug PDL PAs.
Rx and DME CAO	Training for Ombudsman and STAR nurse lines.	Completed.
Provider Training CAO	Recognition for providers receiving training.	DSHS Texas Health Steps (THSteps) provides free Continuing Education for select licensures and awards certificates of completion for each THSteps Online Provider Education module. With consent, names of enrolled Medicaid providers who participate in THSteps related training are posted on the HHSC Medicaid/CHIP website at: http://www.hhsc.state.tx.us/medicaid/Provider_Training.asp .

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¶ 143	Defendants must provide periodic dental check ups and needed dental	Texas Health Steps dental periodicity schedule for class members provides for dental checkups every six months beginning at six months of age and dental services as needed by class members

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	services to relieve pain, restore teeth, and maintain dental for class members.	to relieve pain, restore teeth, and support the maintenance of good oral health. Children 6 through 35 months of age can receive medically necessary First Dental Home services as frequently as every three months.
¶ 154	DSHS may, at its option, perform dental scans for class members who are 2 nd or 3 rd and 6 th or 7 th grades.	DSHS Oral Health Program (OHP) regional dental teams perform limited oral evaluations, prior to providing preventive dental services, on class members during school-based and Head Start preventive dental services projects for which parental permission for the limited oral evaluation has been obtained. In providing preventive dental services, the DSHS OHP regional dental teams offer to perform limited oral evaluations for all children at each selected school. Depending on the grades offered at the selected schools, limited oral evaluations may be performed on class members in second, third, sixth, seventh, and additional grade levels. <i>See also, ¶ 16.</i>
¶ 159	It is preferable for class members to receive sealants in the context of dental check ups as part of comprehensive dental care. DSHS public health dentists should provide sealants for class members who want them, if dentally appropriate.	<p>DSHS Oral Health Program (OHP) regional dental teams offer dental sealants in school settings to children who have signed a parental permission form from their parent/guardian. However, because these services will not be billed to Medicaid, they will not be captured in the Medicaid claims processing system as a paid claim, and thus, will not be reported on the CMS-416 report or the other Texas Health Steps (THSteps) dental utilization reports. This results in underreporting of class members who participate in the THSteps dental services program and who receive dental sealants.</p> <p>DSHS OHP regional dental teams place dental sealants on class members during school-based preventive dental services projects when:</p> <ul style="list-style-type: none"> • Dentally appropriate. • The parents or guardians of the class members have given permission for limited oral

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		evaluations and application of dental sealants and/or fluoride varnish. During this reporting period, DSHS OHP regional dental teams provided dental sealants to 452 class members who participated in school-based preventive dental sealant projects.
¶ 160	Current THSteps regulations allow the placement of sealants for class members younger than 14 years. By September 30, 1995, Defendants will cover all necessary sealants regardless of the class member's age.	Completed.
¶ 161	Defendants will identify all dentists who provide services but no, or few, sealants. Letters will be sent to dentists who regularly provide sealants and dentists who do not. Dentists who do not provide sealants will receive targeted outreach about sealants unless their specialty indicates they would not provide this service.	Completed.
¶ 165	Report the number and percent of	The THSteps Active and Enrolled Dental Provider Participation Report 1996-2011, as described

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	dentists who see 0-29, 30-99, and 100+ class members every 3 months.	in the Consent Decree, is attached. (EXHIBIT 14)
¶ 167	The professional conduct of audits is important to class members. Defendants will finalize policies or rules for the audits by September 30, 1995.	Completed.
¶ 169	Develop standards (dental) based on consultation with appropriate experts including the chairs of the Departments of Pediatric Dentistry in Texas.	Completed.
¶ 170-171	Class members are entitled to dental check ups every six months. Report the number and percent of class members by age that received dental check ups. Extended and Revised by 2007 Corrective Action Order for Check Up Reports and Lagging Counties.	The SFY 2010 report for receipt of dental services described in the Corrective Action Order: Check Up Reports and Plans for Lagging Counties (CAO), <i>A Report on Service Utilization of Texas Health Steps Dental Checkups</i> , was provided as EXHIBIT 17 to the July 2011 QMR. This was the final such report required by this CAO.

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¶ 172	By December 1, 1996, agree on expected increases in the number and percent of class members who receive one and two dental check ups/year.	As previously reported, the parties have not agreed on expected annual increases in the number and percent of class members who receive one and two dental checkups. Plaintiffs proposed an annual increase of ten percent for class members who receive one dental checkup and a ten percent increase for class members who receive two dental checkups. However, Plaintiffs have not supplied empirical data to support their proposal. Defendants proposed a two-percent gain in participation for members receiving one checkup each year and a three-percent gain in participation of class members receiving two checkups each year. In July 2011, Defendants provided the <i>Texas Health Steps Dental Checkups 1997-2010</i> , Exhibit 18, showing current trends for class members receiving one and two dental checkups each year.
¶¶ 173-174	Professionally valid study to assess class members' dental health. Revised by 2007 <i>Corrective Action Order: Health Outcomes Measures and Dental Assessment</i> .	Defendants completed the first Dental Assessment required by the <i>Corrective Action Order: Health Outcomes Measures and Dental Assessment</i> (CAO) on December 31, 2009. Upon denying Defendants Rule 60(b)(5) motion for relief from the remaining requirements of the CAO, the Court ordered Defendants to propose corrective action within 120 days of its March 30, 2011 order. Defendants provided Plaintiffs their proposed corrective action plan (CAP) on June 21, 2011. Plaintiffs responded by proposing additional corrective actions. Defendants replied to Plaintiffs' suggestions and submitted a revised, proposed CAP to Plaintiffs. On February 26, 2012, the parties reached agreement on Defendant's Dental Corrective Action Plan. A copy is attached for the Court. (EXHIBIT 15)
CAO: Health Care Provider Training	Implement a program statewide to train licensed general dentists to provide dental check ups for children 1 to 3 years of age.	Completed. Training continues. See July 2008 Quarterly Monitoring Report. For reporting on continued training for general dentists, see ¶ 108.

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SPECIAL GROUP – CHILDREN of MIGRANT FARM WORKERS
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¶¶ 176-181	Outreach will be provided to children of migrant farm workers to help them receive as many THSteps services as possible while they are in Texas. The outreach program will identify children of migrant farm workers and will make efforts to utilize THSteps benefits. Efforts will include door to door outreach.	<p><u>Coordination with the Texas Education Agency</u> A Memorandum of Understanding (MOU) between the Texas Education Agency (TEA), DSHS, and HHSC was signed in February 2009 and has been amended to allow monthly migrant data exchanges. The migrant data exchange began as a monthly process in July 2010.</p> <p>HHSC met with TEA on the Medicaid managed care expansion and requested TEA notify Education Services Centers of new Service Areas and contractors that would impact migrant farm worker collaborative efforts.</p> <p>MAXIMUS works closely with the Texas Education Service Centers throughout the state to provide information regarding Texas Health Steps services to center personnel, and encourages them to share this information with migrant families with whom they interact. Information is presented regarding enrollment, accelerated services, transportation, and provider availability in all areas of the state.</p>

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		<p><u>Medicaid Managed Care</u> HHSC contracts with Medicaid Health Maintenance Organizations (HMOs) and Primary Care Case Management (PCCM) to provide services to class members, including children of migrant farm workers enrolled in Medicaid managed care. These contracts include requirements to identify children of migrant farm workers and inform their families about Medicaid services. A total of 10,286 children of migrant farm workers (CMFWs) who are enrolled in Medicaid managed care have been identified by HMOs and PCCM since February 1, 2008.</p> <p><u>Managed Care Monitoring</u> Aetna discovered one of their staff was falsifying supporting documentation on collaborative efforts with organizations that work with migrant farm workers in the Bexar Service Area. Aetna self reported this information and terminated the employees. Aetna management was unaware of the number of organizations with migrant farm workers in the Bexar Service Area with which Aetna staff is collaborating. Similarly, Aetna management was unable to explain the extent of Aetna's efforts to identify and offer accelerated services to migrant farm workers' children. As a result, HHSC put Aetna on corrective action in the Bexar Service Area. The corrective action will be in place for at least three consecutive quarters or until the deficiency is remedied. Aetna will meet with HHSC each quarter to discuss its progress. Aetna will not receive migrant incentives for Bexar Service Area for efforts during SFY 2011. Migrant incentives for SFY 2010 were also recouped.</p> <p>In addition to monitoring related outreach and identification of children of migrant farm workers, Medicaid Managed Care Health Plan Operations also monitors procedures for maintaining an accurate list of identified children and for provisions of accelerated services. Managed care</p>

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		<p>organizations (MCOs) report a total of 11 children of migrant farm workers received accelerated services during the fiscal year.</p> <p><u>Managed Care Expansion</u></p> <p>All MCOs and dental plans were trained on migrant identification, outreach, accelerated services and provided a general overview of migrant efforts in February 2012. Health and dental plans were also trained on preparing the migrant plan and migrant report.</p> <p>MCOs and dental plans submitted migrant plans for HHSC review and acceptance. All migrant plans were accepted in March 2012.</p> <p>MCOs that will no longer be participating in Texas Medicaid or will no longer be serving a Service Area submitted run-out reports of migrant activities to ensure efforts were carried out until the closure of the previous Uniform Managed Care Contract.</p> <p>Existing MCOs worked collaboratively with new MCOs on crafting their Migrant Plans and understanding migrant efforts from a health plan perspective. Parkland assisted Seton Health Plan with their migrant plan; Community First assisted Sendero Health Plan with its Plan.</p> <p>Texas Medicaid & Healthcare Partnership (TMHP) produced an extract file of migrant farm worker children identified in PCCM. The children were then mapped to the MCO and Dental Plan with which each migrant farm worker child is now enrolled. The information has been provided to the MCOs and Dental plans for outreach and assistance with health</p>

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		services as needed.
¶ 182	Eligibility workers will determine if migrant farm workers would like further information about THSteps or if they would like help scheduling appointments when they apply for Medicaid benefits on behalf of THSteps eligible children.	The Texas Health Steps (THSteps) instructor-led training includes training to identify children of seasonal migrant workers. Policy includes a requirement for HHSC eligibility workers to complete an Extra Effort Referral form (Form H1093) for children of migrant workers who need additional education on THSteps.
¶ 183	Outreach units will give priority status to extra outreach requests for children of migrant farm workers.	<p>Defendants are working to obtain additional and better information about children of migrant farm workers to improve targeted outreach. In areas of the state with significant migrant populations, if regional MAXIMUS outreach and informing staff learns that a class member or a family member is a migrant farm worker, staff records the information in the outreach and informing database known as Kids Information Database System (KIDS). MAXIMUS provides Defendants with information on migrant status that is identified in their outreach efforts. Defendants share this information with Health Maintenance Organizations to provide relevant and appropriate outreach to their members.</p> <p>When MAXIMUS provides outreach to a class member or family member that is a migrant farm worker, MAXIMUS tailors the outreach messaging to the class member's needs and situation, including explaining expedited services and/or offering appointment scheduling assistance.</p> <p>For supporting documentation and information, see Sections 3 and 6 of the THSteps Monthly</p>

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		<i>MAXIMUS Reports for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)</i>

SPECIAL GROUPS – MANAGED CARE MEMBERS
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¶ 190	Class members served by managed care organizations receive timely health care services.	<p>Effective March 1, 2012, the Health and Human Services Commission implemented significant changes in Medicaid managed care. Among these changes was the elimination of Primary Care Case Management (PCCM) as a managed care service delivery model. This change will affect rural areas of the state, which have transitioned to the STAR program model (also managed care). During the quarter covered by this report, previously reported PCCM activities ended as Defendants and contractors prepared to move class members from PCCM into STAR. In addition, Unicare's contract was not renewed. Effective March 1, 2012, Unicare is no longer a Texas Medicaid health plan. The <i>Activities Report for Medicaid Managed Care Organizations</i> (EXHIBIT 5) therefore includes information about relevant activities and notes where activities ceased as PCCM and Unicare began the process of closing out services effective February 29, 2012.</p> <p>As required in Section 8.2.2.3 of the Uniform Managed Care Contract (UMCC) and Section 8.1.22.3 of the STAR+PLUS Expansion Contract on Texas Health Steps (THSteps), Health Maintenance Organizations (HMOs) must:</p>

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	<ul style="list-style-type: none"> • Have mechanisms in place to ensure all eligible members receive an appointment for a THSteps checkup. • Offer new members under age 21 a medical checkup as soon as practicable, but in no case later than 14 days after enrollment for newborns and no later than 90 days after enrollment for all other eligible child Members. <p>Effective September 1, 2010, the Texas Health Steps annual medical checkup for an Existing Member age 36 months and older is considered timely if it occurs no later than 364 calendar days after the child's birthday. NOTE: The STAR+PLUS Expansion Contract references an Existing Member timely checkup “if it occurs no later than 365 calendar days after the child’s birthday”. The correction to read “364 calendar days” will be made with the next amendment to the contract. All MCOs have been informed that the STAR+PLUS Expansion Contract references an Existing Member timely checkup will be corrected to match the Uniform Managed Care Manual and reflect the checkup is considered timely if it occurs no later than 364 calendar days after the child’s birthday.</p> <p>Refer to Section 4.1.26.3 of the STAR Health Managed Care Contract for timeliness requirements specific to STAR Health.</p> <p>HHSC has incorporated financial incentives and disincentives into the HMO contracts. To evaluate an HMO’s performance, HHSC identified various performance indicators and developed standards the HMO is required to meet. The “Performance Indicator Dashboard” contains indicators that measure a member’s access to care and quality of care. The dashboard measures are posted on the HHSC website in the Uniform Managed Care Manual (UMCM) at</p>

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SPECIAL GROUPS – MANAGED CARE MEMBERS <i>NEW AND/OR UPDATED INFORMATION IS IN BOLD FONT</i>	
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	<p>http://www.hhsc.state.tx.us/medicaid/UMCM/Chp10/10_1_7.pdf for STAR and STAR+PLUS and at http://www.hhsc.state.tx.us/medicaid/UMCM/Chp10/10_1_8.pdf for STAR Health.</p> <p>For additional information regarding timely access to HMO and Primary Care Case Management (PCCM) services, see the <i>Activities Report for Medicaid Managed Care Organizations</i>. (EXHIBIT 5)</p> <p><u>Study of Members Who Receive No Services in Managed Care</u></p> <p>The CAO: <i>Managed Care</i> (CAO) requires Defendants to retain an independent vendor to study class members who do not receive any form of health care covered by Defendants' contracts with their managed care organizations. Upon completion of the study, the parties must confer as to whether and what corrective action plans Defendants will implement.</p> <p>This study has been completed, in addition to further analysis Defendants voluntarily conducted. Although Plaintiffs' counsel disagrees, Defendants maintain corrective action is not warranted. Defendants now consider party discussions on corrective action complete.</p> <p>The independent study finds that 91.9 percent of children enrolled in managed care during the study period received treatment paid for by their managed care organization(s). Of the 8.1 percent receiving "no care," 10.4 percent received some care, limited to emergency or inpatient services.</p> <p>Of those who did not receive care (the "no care" group), the study reveals two outlier groups (African-Americans and children in STAR+PLUS) who have higher no care rates than the rest of the class. The study does not identify barriers unique to these groups, and it offers no other explanation of what makes these groups study outliers. Defendants studied these two groups further</p>

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	<p>to determine whether corrective action is warranted for these groups. That additional analysis was provided as Exhibit F to the October 2011 QMR.</p> <p>The analysis did provide useful clues as to the STAR+PLUS population, leading Defendants to conclude that the STAR+PLUS population is able to access care. As to African Americans, Defendants' analysis – like that of the independent vendor – failed to identify barriers unique to the African American population to explain reasons for its disproportionately high no care rates.</p> <p>Defendants recognize the importance of eliminating racial and ethnic disparities in all areas of health care, but the CAO-ordered study does not indicate that this problem is unique to, or caused by, the Medicaid program, or more specifically, its managed care delivery model. It was not the goal of this CAO to eliminate all inequalities irrespective of whether or not they may be attributed to the Medicaid managed care delivery model.</p> <p>As noted in Defendants' July 2011 QMR, HHSC's Center for the Elimination of Disproportionality and Disparities will work with the University of Texas Austin's School of Social Work, Center for Social Work Research (UT) to gain a better understanding about utilization of health care by African Americans. Defendants do not take this as corrective action required by this CAO, but rather, because it is an appropriate and useful exercise.</p> <p>The CAO requires a second study that emphasizes examining the effectiveness of corrective action. Since Defendants will not be taking corrective action, Defendants will not conduct a second study unless the Court directs otherwise.</p>
¶ 191	The number and percent of Medicaid managed care programs (STAR, STAR+PLUS, STAR Health) are contractually required to

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	THSteps patients in each managed care organization who receive all medical and dental check ups when due and information for outcomes research as needed is accurately collected.	<p>provide reports of:</p> <ul style="list-style-type: none"> • The number and percent of new members who received a checkup within 90 days of enrollment; and • The number and percent of existing members who receive timely checkups. <p><i>See also ¶ 192 and CAO: Managed Care paragraph.</i></p>
¶ 192	<p>Managed Care Organizations:</p> <ul style="list-style-type: none"> • Provide medical check ups to newly enrolled class members within 90 days of enrollment except when class members knowingly and voluntarily decline or refuse service. • Accelerate services to the children of migrant farm workers. • Provide medical check ups in a timely manner to all class members. 	<p>See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for information on how Health Maintenance Organizations (HMOs) and Primary Care Case Management (PCCM) work to ensure new members receive checkups within 90 days of enrollment and existing members receive timely checkups.</p> <p>See ¶¶ 176-181 and the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for information on children of migrant farm workers and for information on how the managed care organizations (MCOs) provide accelerated services to their members.</p> <p><u>Managed Care Transition and Timely Medical Checkups</u></p> <p>During the reporting quarter, in preparation for the March managed care expansion and the large influx of new members entering each health plan, HHSC provided each Medicaid MCO organization a list of all the claims received within the last 12 months in PCCM and Fee for Service for the new members entering their MCO. Each MCO could then filter the claims to identify their new members who were due or overdue for THSteps checkups. This helped to alleviate potential frustration of members who already received a checkup and the burden on MCOs and providers whose resources would be stretched trying to identify members due for</p>

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		checkups and provide medical checkups to these members within 90 days of enrollment. MCOs and their providers were able to focus efforts on new members who were due or overdue for medical checkups.
¶ 193	Managed care organizations cooperate with outreach units so that class members who miss medical and/or dental check ups receive prompt services.	See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for information on processes established by Medicaid Health Maintenance Organizations and Primary Care Case Management to coordinate and collaborate with the Texas Health Steps Outreach and Informing Unit.
¶ 194	Managed care organizations arrange appropriate training for all health care providers and their staff who serve class members. All will be trained about program requirements relevant to their responsibilities.	Texas Medicaid & Healthcare Partnership (TMHP) provides training and recruits providers for Primary Care Case Management. Details of these activities can be found in ¶¶ 88, 96, 104, 107, 109, and 110-111. Medicaid Health Maintenance Organizations use various strategies to train health-care providers. As required by the <i>Corrective Action Order: Health Care Provider Training</i> , details about training events conducted by managed care organizations in state fiscal year 2011 were provided in the <i>Annual Summary of Training as Required by the Consent Decree</i> , Exhibit 20 in the October 2011 QMR.
¶ 195	Class members receiving services from managed care organizations are entitled to challenge decisions by fair hearing.	Class members enrolled in Medicaid managed care are entitled to challenge decisions by fair hearings. Class members receive notification of this right in client handbooks provided by all managed care organizations and in letters when a requested service is reduced, modified, or denied. See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for more information.

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		<p>Health Plan Management staff review contract requirements compliance. Health Plan Operations regularly provides updates and training on issues related to appeals and state fair hearings requirements. On February 24, 2012, the HHSC Fair and Fraud Hearings Administrator provided fair hearing training to the managed care organizations.</p> <p>Fair hearings information is provided in Section 8.2.6, Medicaid Member Complaint and Appeal System, of the current Uniform Managed Care Contract located at http://www.hhsc.state.tx.us/medicaid/UniformManagedCareContract.pdf, in Section 8.1.27, Member Complaint and Appeal System, of the STAR+PLUS Expansion Contract located at http://www.hhsc.state.tx.us/medicaid/STARPLUSExpansionContract.pdf, and in Section 4.1.31, Member Complaint and Appeal System, of the STAR Health Managed Care Contract located at http://www.hhsc.state.tx.us/medicaid/STAR_Health.pdf.</p>
¶ 196	HHSC will only contract with managed care organizations that are financially sound.	Medicaid managed care contracts require all contractors and their subcontractors to have the financial resources necessary to perform the services required under the contract. Each contract for a Medicaid Managed Care Organization (MCO) also includes the Texas Department of Insurance standards for solvency and financial soundness required for all MCOs (public and private) operating in the state of Texas.
¶ 197	Managed care organizations have an adequate supply of appropriate providers who can serve class members located conveniently.	<p>For information on provider directories which are provided to class members enrolled in managed care service-delivery models, see ¶¶ 92-93.</p> <p>For information on network adequacy requirements for Medicaid Health Maintenance Organizations (HMOs), see Section 8.1.4, Provider Network, of the current Uniform Managed</p>

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		<p>Care Contract located at http://www.hhsc.state.tx.us/medicaid/UniformManagedCareContract.pdf and the STAR+PLUS Expansion Contract located at http://www.hhsc.state.tx.us/medicaid/STARPLUSExpansionContract.pdf. Network adequacy requirements for STAR Health are in Section 4.1.4, Provider Network, of the STAR Health Managed Care Contract located at http://www.hhsc.state.tx.us/medicaid/STAR_Health.pdf.</p> <p>HHSC Health Plan Management has monitoring programs in place to assure HMO compliance with provider network requirements. HHSC staff review provider network files provided by the HMOs.</p> <p>For information regarding adequate supply of providers in HMOs and Primary Care Case Management, see the <i>Activities Report for Medicaid Managed Care Organizations</i>. (EXHIBIT 5)</p>
¶ 198	Assure a system that allows class members to enroll promptly with a new managed care organization when class members move from one area to another in Texas.	<p>When a person receiving Texas Medicaid moves from one service area to another in the state, the managed care segment of the current existing area is closed. Once closed, the record is sent to the enrollment broker as a managed care candidate in the new service area.</p> <p>If the class member is in a Health Maintenance Organization (HMO) area, the enrollment broker sends a welcome packet to the member to enroll in a health plan in the new service area. The standard enrollment process is followed. If a choice is not made within the defined 45-day timeline, assignment will default to a plan and a primary care provider (PCP).</p> <p>As of March 1, 2012, Medicaid services are no longer offered through a primary care case management (PCCM) service delivery model. During the reporting period, however, PCCM</p>

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		<p>maintained a process for class members moving from STAR or STAR+PLUS. When a client moved from a STAR or STAR+PLUS managed care area into a PCCM area, the client was automatically placed in PCCM. Clients new to PCCM received a welcome packet and provider directory with information on how to choose a PCP and a PCP selection form. New PCCM clients had 75 days to choose a primary care provider before one was automatically assigned (except for newborns, whose parents had 105 days to choose a PCP before one was automatically assigned).</p>
¶ 199	<p>Managed care organizations are subject to independent evaluation of their patients' health outcomes, satisfaction and process measures, including the number and percent of class members who receive all medical and dental check ups when due.</p>	<p>The External Quality Review Organization (EQRO) produces annual Quality of Care (Healthcare Effectiveness Data and Information Set [HEDIS] health outcomes) performance measures for Medicaid managed care (including STAR, STAR+PLUS, Primary Care Case Management [PCCM], and STAR Health). In addition to the HEDIS measures, the EQRO conducts biennial Consumer Assessment of Healthcare and Provider Systems (CAHPS) surveys for Medicaid (STAR, STAR+PLUS, PCCM, and STAR Health) and produces a report for HHSC based on the results of those surveys. The CAHPS surveys Medicaid members in managed care programs to identify such things as their access to care, benefits usage, satisfaction with care, and unmet needs. The STAR, PCCM, and STAR Health CAHPS survey reports are conducted biennially. The STAR+PLUS CAHPS survey report is conducted annually.</p> <p>An updated <i>EQRO Deliverables Table</i> was provided as Exhibit J to the October 2011 QMR. The table reflected the anticipated QMR reporting period for the Quality of Care and CAHPS reports beginning with the SFY 2010 reports produced in SFY 2011 to be reported, finalized, and approved in calendar year 2012. The following reports were published in December 2011 through February 2012:</p>

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	<ul style="list-style-type: none"> • Texas Medicaid Managed Care STAR Program Quality of Care Report for FY 2010 at <u>http://www.hhsc.state.tx.us/reports/2012/Care-Report-STAR-FY2010.pdf</u> • Texas Medicaid STAR Health Program Quality of Care Report for FY 2010 at <u>http://www.hhsc.state.tx.us/reports/2012/ann-qual-care-rep-STAR-fy2010.pdf</u> • Texas Medicaid Managed Care STAR+PLUS Quality of Care Report for FY 2010 at <u>http://www.hhsc.state.tx.us/reports/2012/ann-qual-care-rep-STAR+PLUS-fy2010.pdf</u> • Texas Medicaid Primary Care Case Management (PCCM) Program Quality of Care Report for FY 2010 at <u>http://www.hhsc.state.tx.us/reports/2012/ann-qual-care-pccm-fy10.pdf</u>
CAO: Managed Care	<p>System of rewards and sanctions for corrective action order requirements.</p> <p>As required by the <i>Corrective Action Order: Managed Care</i>, HHSC developed a plan for a system of incentives and disincentives concerning managed care and children of migrant farm workers and the Health Maintenance Organizations (HMOs) annual checkup reports. <i>See ¶197.</i></p> <p>The revised incentives and disincentives methodology through SFY 2011 is provided in the Uniform Managed Care Manual (UMCM), Chapter 12.18 Frew Incentives and Disincentive Methodology located at <u>http://www.hhsc.state.tx.us/medicaid/UMCM/Ch12/12-18.pdf</u>. The SFY 2011 incentives and disincentives for Primary Care Case Management (PCCM) timely checkup participation rates will continue to be determined based on the thresholds provided in the contract between HHSC and TMHP. The incentives and disincentives methodology for SFY 2012 is currently awaiting approval by HHSC legal prior to posting in the Uniform Managed Care Manual.</p> <p>A web page for <i>Frew</i> Medicaid managed care incentives and disincentives is included on the HHSC</p>

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	<p>website at http://www.hhsc.state.tx.us/medicaid/Frew-Incentives.shtml. Texas Health Steps (THSteps) timely medical checkup incentives and disincentives are available for SFY 2008, 2009 and 2010. Incentives and disincentives for the outreach and identification of children of migrant farm workers are available for SFY 2009 and SFY 2010.</p> <p><u>Managed Care Annual Checkup Reports</u> Incentives and disincentives based on the results of the SFY 2010 checkup reports have been determined and will be posted when approved by HHSC leadership. HHSC Health Plan Management staff drafted letters requiring Corrective Action Plans (CAPs) from each managed care organization (MCO) that had fewer than 35% of their members receiving timely THSteps medical checkups for new and/or existing members. During this reporting quarter, each MCO who received a letter submitted a CAP. The CAPs are currently under review by HHSC. Due to the elimination of the PCCM program as of March 1, 2012, leadership determined the Texas Medicaid & Healthcare Partnership (TMHP) would not be asked to develop and implement a CAP. Additionally, a CAP will not be required for UniCare of Texas, Inc. which will no longer be contracted with the State as a Medicaid managed care plan as of March 1, 2012.</p> <p><u>Children of Migrant Farm Workers</u> HHSC completed its analysis of supporting documentation submitted with the migrant annual reports received on September 15, 2011. As required by the CAO: <i>Managed Care</i>, staff made recommendations for payment of SFY 2011 migrant incentives based on the annual reports submitted from each plan. These recommendations were approved. Defendants expect Migrant Incentives for SFY 2011 to be paid and posted to the web page in April 2012. http://www.hhsc.state.tx.us/medicaid/Frew-Incentives.shtml</p>

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¶ 205	Use innovative means to provide THSteps services to teenagers.	<p><u>Texas Health Steps Outreach Unit</u> MAXIMUS provides proactive outreach to teen class members on an ongoing basis by providing THSteps information and literature to:</p> <ul style="list-style-type: none"> • High school staff. • Teen pregnancy centers and Planned Parenthood staff. • Pregnant and parenting teen classes. • Teen programs such as teen centers. • Locations where teenagers gather. <p>For more information on specific activities performed to provide THSteps information to teen class members, refer to Section 5 of the <i>THSteps Monthly MAXIMUS Reports</i> for the months of December 2011, January 2012, and February 2012. (EXHIBIT 4)</p> <p>Teen checkup and appointment education brochures and a teen website are additional resources available to certain agency offices, including MAXIMUS regional offices, DSHS Health Service Region offices, the Department of Family and Protective Services offices, the HHSC Medical Transportation Program offices, and the HHSC Office of Eligibility Services offices, in order to enhance outreach and informing activities targeting teen class members ages 13 through 20. The teen brochures can be viewed and are available for ordering at https://secure.thstepsproducts.com/. The teen website can be viewed at http://www.dshs.state.tx.us/thsteps/teen.shtm</p>

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<p style="text-align: center;">SPECIAL GROUPS – TEENS <i>NEW AND/OR UPDATED INFORMATION IS IN BOLD FONT</i></p>		
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		<p><u>Managed Care Organizations (MCOs)</u> The majority of Managed Care Organizations (MCOs) use their standard methods of outreach for all members, including teenagers. For examples of the MCO outreach methods conducted during this reporting quarter, see Consent Decree paragraph 64. See the <i>Activities Report for Medicaid Managed Care Organizations, EXHIBIT 5</i>, for information on specific outreach to the pregnant teen population and special programs developed for teens.</p>
¶¶ 207-208	<p>Efforts to inform teens and their parents about THSteps will address the complex privacy and consent issues involved.</p>	<p>The Adolescent Health Guide is available for use by health-care providers, social workers, counselors, teachers, and other professionals who provide services, information, and support to teen class members. The guide serves as a quick reference to legal statutes and privacy and consent issues pertinent to health, as well as providing best practice guidelines to help assess for issues such as substance abuse, safety, depression, and the home environment among the teen population. The guide can be viewed and/or downloaded at the Texas Health Steps (THSteps) website at http://www.dshs.state.tx.us/thsteps/providers.shtm.</p> <p>The THSteps Online Provider Education module, “Teen Consent and Confidentiality,” educates THSteps providers and others about the role that consent and confidentiality plays in teens’ access to health care and how to comply with legal protections on consent and confidentiality in the delivery of health care to teen patients. Providers completing the module will be better prepared to deal with the complexity of privacy and consent issues when treating teens.</p> <p>Managed Care Organizations (MCOs) address teen privacy and consent issues through the various forms of communication MCOs have with their members. The majority of MCOs include privacy and consent language in their member handbooks, new member packets, and on their websites.</p>

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		When speaking with teens and/or their parents via phone or home visits, the MCOs ensure that confidential information is discussed only with approved representatives for the member. See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for additional information.

SPECIAL GROUPS – MEMBERS UNDER SUPERVISION of the DEPARTMENT OF FAMILY and PROTECTIVE SERVICES <i>NEW AND/OR UPDATED INFORMATION IS IN BOLD FONT</i>		
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¶ 210-212	<ul style="list-style-type: none"> • Provide training about THSteps to parents or adult caretakers before class members are reunited with their families. • Report the number and percent of class members under the supervision of DFPS who receive all of their medical and dental check ups when due. • Assure that all class members under supervision of DFPS receive all medical/dental check ups when due. • Establish procedures to refer class members to appropriate 	<p><u>Checkups for children in conservatorship</u> See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for specific information for activities reported by Superior HealthPlan Network on STAR Health.</p> <p>See also ¶ 192 for information on the Medicaid Managed Care Texas Health Steps (THSteps) Medical Checkups Annual Report for state fiscal year 2010 submitted by STAR Health on May 12, 2011.</p> <p><u>Training to Parents or Caretakers Before Reunification</u> MAXIMUS provides outreach services to those transitioning from foster care in two ways. First, MAXIMUS engages in proactive outbound outreach to those transitioning from foster care by generating a monthly list of recipients from MAXSTAR who are no longer enrolled in STAR Health and continue to be Medicaid-eligible. Successfully contacted recipients are educated about THSteps services with a focus on enhanced Case Management for Children and Pregnant Women informing. When the recipient is unavailable by phone, MAXIMUS mails the recipient a</p>

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	case management managers when needed upon class members' release from DFPS supervision.	<p>Case Management for Children and Pregnant Women brochure and letter requesting they contact the Special Services Unit (SSU) for more information on Case Management for Children and Pregnant Women services. If the SSU is unable to contact recipients, the recipient lists are sent to regional MAXIMUS outreach and informing field staff that attempt additional phone calls and/or home visit outreach.</p> <p>Second, MAXIMUS also provides education about THSteps services to multiple individuals and groups serving this population. This educational messaging includes information that is relevant to those transitioning out of foster care and/or reunifying with families. The individuals and/or groups that are targeted in this effort include Department of Family and Protective Services (DFPS) staff, foster parents, foster parent groups and associations, and child placement agencies.</p> <p>See ¶ 65 for additional information regarding DSHS coordination with DFPS and informing about THSteps provided to foster parents.</p> <p><u>Referrals for case management when leaving conservatorship</u> DSHS Health Service Region provider relations staff, DFPS, and HHSC participate in quarterly interagency meetings to discuss and improve coordination of care and referrals for children in foster care. Coordination efforts between DFPS and DSHS case management continue with regular meetings occurring in the Health Service Regions to discuss class member situations, needs, and referrals.</p> <p>HHSC's Office of Community Access facilitated 11 Foster Care Regional Enhanced Coordination Team meetings in February 2012. Team members include: DFPS, DSHS, HHSC and MAXIMUS THSteps Outreach and Informing. Team members discussed methods to improve coordination of care and referrals for children in foster care. Referrals</p>

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		include those to Case Management of Children and Pregnant Women, Children with Special Health Care Needs, and Personal Care Services. Team members collaborate collectively as a team or with team partners to provide case management program information and THSteps information to class members, including foster families at regional events. Team members also discuss, plan and collaborate to provide opportunities for class members, foster parents, community stakeholders and interagency staff to attend educational presentations, events and forums.

TRANSPORTATION
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¶ 214	Assistance with medical transportation must be provided when class members need it.	<u>Assistance with Medical Transportation</u> The Medical Transportation Program (MTP) intake staff continues to assist class members via toll free telephone numbers, Monday through Friday 8:00 am to 5:00 pm, by scheduling various forms of transportation assistance to meet the needs of each member. <ul style="list-style-type: none"> • Effective March 1, 2012, staff refer interested individuals to the Texas Medicaid Healthcare Partnership (TMHP) for registration as Individual Transportation Providers (ITPs) to receive reimbursement for mileage when they take class members to and from their Medicaid eligible services. The TMHP reimbursement rate is consistent with state requirements and is 50 cents/mile as of October 2010.

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		<ul style="list-style-type: none"> • Staff provides bus tickets for class members who are able to use fixed route transportation to get to their medical appointments. Bus tickets are mailed directly to the client. • Class members unable to use fixed route transportation are assisted through the scheduling of demand response rides. Demand response transportation is provided by regional transportation contractors who provide door-to-door service. • In cases where class members need to travel long distances for treatment by a provider, air transportation and ancillary services, such as meals and lodging are scheduled. <p>MTP continues to provide newly hired staff a minimum of 40 hours of classroom training on policy, procedures, and processes for provision of intake services. At completion of classroom instruction, the staff receives at least four days of one-on-one training with a team lead or experienced agent while taking calls. This enhanced training process provides continued instruction and skill practice for staff to take and process urgent and routine calls.</p> <p>Once staff has completed classroom training and one-on-one mentoring, they are placed on a designated team of new staff where they receive additional supervisory and team lead support to mentor them as they improve their skills in applying policy, authorizing trips and becoming more efficient in addressing the needs of clients. Newly hired staff are then moved to a regular team in the call center when they have acclimated to the call center environment and prove able to provide services with less</p>

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	<p>direct one-on-one support.</p> <p><u>Full-Risk Broker for Nonemergency Medical Transportation</u> General Appropriations Act, Rider 55, 81st Legislature, Regular Session, 2009 directs HHSC to use a portion of funds appropriated for Medical Transportation to implement a regionalized full-risk brokerage model in areas of the state that HHSC finds can sustain a regionalized model. This model utilizes a prepayment [capitation] methodology to reimburse the broker or brokers for Medicaid nonemergency transportation.</p> <p>HHSC received vendor proposals on December 6, 2010. HHSC staff with particular subject matter knowledge and expertise conducted a thorough evaluation of the proposals using an evaluation tool developed to identify the vendor(s) offering the best value to HHSC. On June 3, 2011, after completion of initial scoring and discussion HHSC posted a tentative award to LogistiCare Solutions, LLC (LogistiCare) and Medical Transportation Management, Inc. (MTM).</p> <p>On December 13, 2011, HHSC executed a contract with MTM for the Houston/Beaumont area. During the initial implementation period, HHSC subject matter expert reviewed, advised and ultimately approved the full risk broker's operations, including fiscal, staffing, policy, network security and transportation network supply. Following a successful implementation period, HHSC transitioned services to MTM on March 15, 2012. On January 19, 2012, HHSC executed a contract with LogistiCare Solutions, LLC for the Dallas/Fort</p>

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		Worth area. Following a successful implementation period, HHSC will transition services to LogistiCare.
¶¶ 223-227	<p>Conduct valid annual assessments of the effectiveness of the transportation program. The method for evaluation must be approved by Plaintiffs and must include an evaluation of:</p> <ul style="list-style-type: none"> • Unmet need for transportation assistance. • Class member and provider satisfaction. • The reasons for class member and provider dissatisfaction. • Whether transportation times are reasonable. • Whether class members missed or did not schedule THSteps services because of transportation problems. 	<p>The <i>Evaluation of the Texas Medical Transportation: Final Report</i> was delivered to HHSC by the Public Policy Research Institute of Texas A&M University (TAMU) on January 8, 2010. The report was filed with the Court and produced to Plaintiffs' counsel on January 15, 2010.</p> <p>The <i>Corrective Action Order (CAO): Transportation Program</i> requires HHSC to commission a second study no later than 18 months from the end of the first study. HHSC posted the Request For Proposal ("RFP") for the second study on May 13, 2011.</p> <p>Since posting its RFP, HHSC received only one proposal. Consequently, HHSC extended the procurement's response deadline for an additional two weeks, but no additional proposals were received. The one proposal submitted was non-responsive for failure to comply with provisions of the Texas Government Code and HHSC policy and rules regarding Historically Underutilized Businesses (HUBs) and was therefore rejected without being evaluated by HHSC's Medical Transportation Program (MTP) and Plaintiffs' counsel.</p> <p>The announcements for this procurement are available at: http://www.hhsc.state.tx.us/contract/529110014/announcements.shtml</p> <p>On August 1, 2011, HHSC requested proposals from three select vendors and</p>

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		<p>subsequently received two proposals which were shared with Plaintiffs' counsel. HHSC completed its review of those proposals in early December 2011 and on December 29, requested agency approval to enter into contract negotiations with Stadia Marketing & Research, LLC (Stadia). A tentative award to Stadia was announced on February 7, 2012.</p>
¶¶ 228-229	<p>Corrective action plans will be developed and implemented for areas of the assessment that indicate transportation services are inadequate. Method for corrective action will be determined with Plaintiffs.</p>	<p>Defendants provide the following report on the progress for implementation of corrective action associated with the initial results of the <i>Evaluation of the Texas Medical Transportation</i>.</p> <p><u>Business Process Review:</u> Development of the Texas Medical Transportation System (TMTS), formerly referenced as TEJAS (Transportation Electronic Journal of Authorized Services), re-write:</p> <p>HHSC conducted user testing for TMTS and operated with dual systems (TEJAS and TMTS) in February 2012. Full implementation of TMTS occurred on March 1, 2012. Staff are becoming accustomed to the new scheduling software and business rules. They are also conducting more in-depth client interviews as a result of implementation of other initiatives (such as the full risk broker and transition of MTP claims processing and individual driver enrollment to TMHP). Call processing times have therefore increased significantly. HHSC continues modifying TMTS to streamline processing. Modifications made thus far include close to real-time eligibility function. Unlike MTP's previous software system,</p>

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		<p>the new TMTS scheduling software package uploads eligibility files before the start of each business day, bringing information on eligibility status close to real-time.</p> <p><u>Standardize Training Materials:</u> Since hiring two trainers in November 2010 to standardize training materials, HHSC has ended the reliance on emails to inform staff of process clarifications. Communication regarding policies and procedures is now conducted through a process clarification chart on the Medical Transportation Program's (MTP's) network. HHSC hired two new trainers in February 2012 who serve as subject matter experts for TMTS. The trainers have developed scenario training for TMTS and are rewriting the training curriculum based on lessons learned during the transition from TEJAS.</p>
¶ 230	Train transportation staff to respond appropriately to urgent requests or rescheduling requests by July 1995.	Completed.
¶ 232	Beginning September 1, 1995, the mileage reimbursement rate will be the same as that for state employees.	Completed.
¶ 234	Take steps to determine the mileage reimbursement process by September 1, 1995.	Completed.

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¶ 235	By October 31, 1995, the parties will attempt to agree on a method to implement improvements to the administration of the mileage reimbursement program.	Completed.
¶ 236	Inform health care providers about the mileage reimbursement option so that they can refer patients when appropriate	<p>Health Maintenance Organizations (HMOs) provide information to both their members and providers related to the medical transportation services available through Medicaid to ensure access to care for class members. Some of the HMOs also provide additional transportation services through bus tokens and taxis as a value-added service to assist when the Medical Transportation Program (MTP) is not accessible or available. In addition, the Uniform Managed Care Manual (UMCM) Chapters 3.3 for Medicaid Managed Care/CHIP and 3.14 for STAR Health (Provider Manual Critical Elements) requires HMOs to include an explanation of the coordination with MTP for services to class members who need it. See the <i>Activities Report for Medicaid Managed Care Organizations, EXHIBIT 5, for additional information on medical transportation information provided by HMOs and Primary Care Case Management (PCCM)</i>.</p> <p>The Texas Medicaid & Healthcare Partnership (TMHP) provides education about MTP in workshops presented to the provider community. For additional information regarding recruitment and retention activities, including workshops and seminars performed by TMHP, see the <i>TMHP Monthly Provider Relations Report. (EXHIBIT 8)</i></p> <p>DSHS Health Service Region provider relations staff provides information to</p>

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		Medicaid providers on transportation services available through MTP, including the mileage reimbursement option, during both their one-on-one provider interactions as well as during Expert Forums. For additional information to further support DSHS Health Service Region provider relations outreach and informing activities during this reporting period, Defendants are providing the DSHS THSteps Provider Relations Activities Report. (EXHIBIT 3)
¶ 238	Establish new transportation regulations that cover reasonable transportation to establish or maintain an ongoing relationship with a health care provider by September 30, 1995.	Completed.

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¶ 240	Defendants must help class members schedule appointments.	<u>Medicaid Managed Care</u> See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for information on processes Medicaid Health Maintenance Organization (HMOs) and Primary Care Case Management (PCCM) use to assist class members with scheduling appointments and/or arranging transportation to those appointments. <u>Texas Health Steps Outreach Unit</u>

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	<p>During oral outreach contacts, MAXIMUS offers class members assistance with scheduling appointments with providers and/or with scheduling transportation. In addition, Texas Health Steps (THSteps) letters (such as due, reminder, and Extra Effort Referral letters) encourage class members to call the THSteps toll free help line if they want help scheduling appointments or with transportation.</p> <p>During this reporting period, MAXIMUS assisted class members with the scheduling of 1,129 medical appointments and 1,657 dental appointments. For additional information to further support outreach and informing activities, Defendants are providing the THSteps Monthly MAXIMUS Reports for the months of December 2011, January, and February 2012. (EXHIBIT 4)</p> <p><u>Medical Transportation Program</u> Typically the Medical Transportation Program (MTP) intake staff receives calls to schedule transportation services after the class member has already scheduled a health-care appointment. However, when the caller needs assistance in locating and scheduling an appointment with a health-care provider that provides THSteps services, MTP policy is to initiate a transfer between the class member, MTP, and MAXIMUS Outreach and Informing (O&I) staff. The MTP full risk brokers will also directly link callers who requests scheduling assistance to the appropriate toll free number.</p>	
¶ 242	By September 1, 1995, reevaluate the use and operation of the toll free numbers to improve	Completed.

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	scheduling assistance for class members.	
¶ 243	<p>The toll free numbers to request transportation and scheduling assistance will either be combined or linked.</p>	<p><u>Texas Health Steps Outreach Unit and Enrollment Broker</u> When a class member calls the Texas Health Steps (THSteps) toll-free number, the class member can receive assistance with scheduling a medical and/or dental appointment. MAXIMUS will initiate a three-way call with the provider and remain on the line until the appointment is made if requested by the class member. If MAXIMUS staff is unable to get through to the provider or reaches a recorded message, MAXIMUS staff will provide the caller with the office information and invite the caller to contact THSteps at a later date for scheduling assistance. The caller may also contact the provider directly, depending on his/her preference.</p> <p>When a class member calls the THSteps or Enrollment Broker (EB) toll free numbers and requests transportation assistance, MAXIMUS will initiate a transfer to the Medical Transportation Program (MTP) toll free line. Class members may also request the MTP toll free number and choose to make the call themselves. The EB toll free number is not a toll free number meant to request transportation or scheduling assistance and, therefore, is not required to be either combined or linked. Misdirected calls to EB are referred to the THSteps or MTP line, as appropriate, for assistance with scheduling of medical and/or dental appointments, or transportation appointments, respectively.</p> <p><u>Medical Transportation</u> When a class member calls the MTP toll free number, the class member can receive</p>

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		<p>assistance with scheduling transportation. If the client needs assistance with scheduling a healthcare appointment, it is MTP policy to initiate a transfer between the class member, MTP, and MAXIMUS Outreach and Informing staff. At no time does the class member need to hang up and/or dial another telephone number. Class members may, and often do, choose to call the MTP toll free help line directly.</p> <p>When callers from the Medical Transportation Management Inc. (MTM) service area dial MTP's toll free number, the majority of those calls are automatically routed to MTM, based on the zip code provided by the caller. Before the automated transfer is completed, the MTM toll free number is given. Callers are informed they can call it directly in the future. At no time does the caller need to hang up and/or dial another telephone number.</p> <p>If the client needs assistance with scheduling a healthcare appointment, it is MTP policy to initiate a transfer between the class member, MTP, and MAXIMUS Outreach and Informing staff. At no time does the class member need to hang up and/or dial another telephone number. Class members may, and often do, choose to call the MTP toll free help line directly.</p>
¶ 244	<p>Revised by 2007 <i>Corrective Action Order: Adequate Supply of Health Care Providers</i>. Class members requesting assistance locating a provider will be given the name, location and telephone number of two providers of the</p>	<p><u>Choice of Two Providers</u></p> <ul style="list-style-type: none"> • HHSC has implemented the practice of providing a choice of at least two providers (doctor, dentist, case manager, or other provider of health-care service) upon client request. • This practice is employed in the fee-for-service context and is required in all

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	<p>appropriate specialty in a convenient location and accepting new patients. Class members will also be notified of freedom to choose a managed care plan and PCP of their choice at enrollment.</p>	<p>contracts with managed care organizations.</p> <ul style="list-style-type: none"> • HHSC's Medicaid claims administrator, Texas Medicaid & Healthcare Partnership (TMHP), is required to implement this practice as HHSC policy. The call center agents have been trained to find providers who are conveniently located near the client and to offer the providers' names, addresses, and telephone numbers. • MAXIMUS, Defendants' outreach and informing vendor, also provides class members with the names and contact information of as many providers of the requested specialty or sub-specialty that meet the class member's needs based on locations, ages, and other relevant criteria. <p>Additionally, if the class member needs or requests information on Case Management for Children and Pregnant Women services, MAXIMUS staff will inform them of the following options:</p> <ul style="list-style-type: none"> • Staff can assist them in scheduling an appointment with a Case Management for Children and Pregnant Women provider. • Staff can mail them a list of Case Management for Children and Pregnant Women providers or provide them with the DSHS website listing the Case Management for Children and Pregnant Women providers at <u>http://www.dshs.state.tx.us/caseman/providerRegion.shtm</u>. • Staff can provide them with names of Case Management for Children and Pregnant Women providers in their area.

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		<ul style="list-style-type: none">• The class member can call back later for additional assistance.• If the class member chooses the first or third option, MAXIMUS staff gives them a list of providers by county/area and client population served, and the class member's county/area of residence. <p>MAXIMUS, Defendants' outreach and informing vendor, also provides class members with the names and contact information of as many providers of the requested specialty or sub-specialty that meet the class member's needs based on locations, ages, and other relevant criteria.</p> <p><u>Freedom to Choose Managed Care Plan and/or Primary Care Provider (PCP)</u></p> <ul style="list-style-type: none">• When a member contacts the Enrollment Broker (EB), the member is asked to select a Health Maintenance Organization (HMO) and a primary care provider (PCP). If the member only selects a HMO, the EB will default a member with a PCP. Once enrolled in an HMO, a member has the freedom of choice to change his/her PCP with the HMO.• Each HMO's member handbook is required to inform a member about how to change a PCP through the plan.• Member services representatives are available through each HMO's member hotline to assist with the selection of a new PCP.• Members can also access an HMO's website to search for a provider in their

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		<p>HMO's provider network.</p> <ul style="list-style-type: none"> • In addition, upon a member's request, the HMO must send the member his/her most recent provider directory, including any updates. <p><u>Primary Care Case Management (PCCM)</u></p> <p>PCCM ended on March 1, 2012. However, while the service model was in place, clients were reminded of the right to choose providers in the welcome packet letter and member handbook, as well as when calling the PCCM contact center.</p> <p>See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for information on processes Medicaid HMOs and PCCM use to ensure that when class members request assistance for a provider, a choice is offered.</p>
¶ 245	Staff will determine if class members need help with scheduling appointments and/or transportation and will provide needed assistance.	<p><u>Texas Health Steps Outreach Unit</u></p> <p>MAXIMUS, through oral and written outreach efforts, encourages class members to seek assistance with scheduling medical and dental appointments, and/or transportation to those appointments. Members can always receive assistance with scheduling an appointment or with transportation by calling the Texas Health Steps toll free help line. If, at any point this assistance is requested by a class member, it is provided by MAXIMUS without exception.</p> <p>Health Maintenance Organizations (HMOs) member advocates provide assistance to members who need help with appointment scheduling and coordinating provider care, as well as making transportation arrangements. Also see ¶ 240.</p>

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		<p><u>Primary Care Case Management (PCCM)</u> PCCM ended on March 1, 2012. However, during the period covered by this report, PCCM provided assistance to clients who needed help scheduling appointments through Community Health Services (CHS). In addition, CHS staff educated PCCM clients about the availability of transportation and also referred class members requesting scheduling for transportation assistance to the Medical Transportation Program (MTP) toll free line. CHS staff also frequently facilitated the scheduling of transportation via a three-way call between the class member, CHS, and MTP staff. Also see ¶ 240 & ¶ 243.</p>
¶ 246	Regional staff will notify central office provider relations staff about inadequate supplies of providers. Central office staff will make extra efforts to recruit providers in shortage areas.	<p>DSHS policy requires DSHS Health Service Region provider relations staff to notify the central office if they have concerns about adequate provider supplies. Defendants work with Texas Medicaid & Healthcare Partnership (TMHP) in targeting recruitment and retention efforts in those areas as appropriate.</p> <p>DSHS regional staff did not report any gaps in Health Maintenance Organization (HMO) provider networks to the Medicaid HMOs or HHSC Medicaid managed care staff during this reporting period. However, Superior Health Plan (SHP) researched five (5) complaints regarding access to care for class members, four sent by HHSC and one received as an internal Member complaint. Since none of these complaints for “access to care” concerns identified a gap in the network nor were any of the members truly unable to access care, Superior closed all complaints. Details and results of each complaint are as follows:</p>

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		<p>1) A complaint was received from HHSC about a STAR Member's need for speech therapy (ST) and access to care. After SHP's investigation, Superior provided the member with ST services three times a week.</p> <p>2) A complaint was received from HHSC about a STAR Member's need for prescription medication. After SHP's investigation, Vendor Drug approved the requested medication.</p> <p>3) A complaint was received from HHSC about a STAR Health Member's concern that Private Duty Nursing (PDN) hours were reduced. However, there was not a reduction in PDN hours for the member. Superior explained that there was no reduction in nursing hours for this client. Rather, the ratio of private duty nurses to members may be adjusted (when medically appropriate) for children in homes where more than one child is receiving PDN (e.g. one nurse for two children). In this case, it was the ratio for members to nurse that was reduced.</p> <p>4) A complaint was received from HHSC about a STAR Health member's need for surgery and concern that Superior would not/could not provide it. Superior explained that the reason the surgery had not been approved was because the requesting provider had not submitted clinical documentation to support medical necessity. The provider submitted the clinical documentation, and Superior authorized the surgery.</p> <p>5) A STAR Member contacted SHP with a need to find a Primary Care Provider (PCP). Superior provided the Member a list of available nearby PCPs and assisted with the PCP selection.</p>

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		Defendants' claims administrator, TMHP evaluates provider levels for all 254 Texas counties. TMHP works with the state staff to target any potential access to care concerns. Areas of need are brought to the attention of TMHP by staff of DSHS and HHSC. For additional information on recruitment, including targeted recruitment efforts requested by state staff, see the <i>TMHP Monthly Provider Relations Report</i>. (EXHIBIT 8)
¶ 247	<p>Revised by 2007 <i>Corrective Action Order: Toll Free Numbers</i>. The enrollment broker toll free line, THSteps toll free number, Medicaid Hotline and Medical Transportation Lines will comply with the following toll free standards for English and Spanish calls required by the corrective action plan:</p> <ul style="list-style-type: none"> • Equipment failure only results from circumstances beyond control. • Each call answered in maximum average of 300 seconds. • Average monthly wait after IVR message will not exceed 60 seconds. • Maximum abandonment rate will not exceed 10%. • No more than 2% of calls will be “answered” with busy signals. 	<p>The toll free numbers (TFNs) for the Enrollment Broker (EB), Texas Health Steps (THSteps), Statewide Medicaid Helpline, and Medical Transportation Program (MTP) are required by Defendants to meet the call center standards described in the <i>Corrective Action Order: Toll Free Numbers</i> (CAO).</p> <p>The <i>Toll Free Number Compliance Report</i> for December 2011, January 2012, and February 2012 is attached as EXHIBIT 16. During this reporting period, two of the four lines (THSteps, and Statewide Medicaid Helpline) complied with all standards. The MTP line exceeded the blockage rate in each month, but met each of the other standards. The EB line exceeded three of five standards in January and four of five in February. Additional information on each is provided below.</p> <p>The CAO: <i>Toll Free Numbers</i> requires production of daily reports by toll free numbers in violation of the performance standard(s) for three consecutive months. Relevant daily reports for the MTP line are attached. (EXHIBIT 17). In December 2011 and January 2012, increased call volume experienced on Mondays and days following holidays resulted in calls being “answered” with</p>

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	<ul style="list-style-type: none"> • No calls will be “answered” by clearing the queue. 	<p>busy signals, disconnects or other technical problems exceeding two percent. On February 21, HHSC implemented a new system for scheduling transportation requests, Texas Medical Transportation System (TMTS). While MTP expected an increase in call processing time with the launch of TMTS, call processing time exceeded forecasts (increasing by as much as 60%). HHSC continues to make additional modifications to the system to streamline processing. Increases in call processing times had a direct impact on blockage during the final week of February.</p> <p>The EB toll free line exceeded the 300 second maximum average and average monthly wait times in both January and February as well as the maximum abandonment rate in February. In these months, the EB line experienced an anticipated increase in call volume associated with the approaching expansion of STAR and STAR+PLUS as well as implementation of dental managed care. Staffing and call handling capabilities were increased based on forecasted volumes. The actual call volume exceeded the forecast in January and February.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 33%;"></th> <th style="text-align: center; width: 33%;"><u># calls forecasted</u></th> <th style="text-align: center; width: 33%;"><u>Total # calls offered</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">December</td> <td style="text-align: center;">258,408</td> <td style="text-align: center;">187,847</td> </tr> <tr> <td style="text-align: center;">January</td> <td style="text-align: center;">365,369</td> <td style="text-align: center;">432,221</td> </tr> <tr> <td style="text-align: center;">February 1-10</td> <td style="text-align: center;">99,800</td> <td style="text-align: center;">225,505</td> </tr> </tbody> </table>		<u># calls forecasted</u>	<u>Total # calls offered</u>	December	258,408	187,847	January	365,369	432,221	February 1-10	99,800	225,505
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		<p style="text-align: center;">February (all) 217,385 259,161</p> <p>In addition to the increased volume, average handle times for the call center rose significantly, as agents assisted new managed care clients choosing primary care providers within their selected health plan.</p> <p>An advertising campaign ran from February 1 through 10 in the Hidalgo service area. The campaign encouraged clients to call and select a health plan before the managed care expansion selection closed on February 10. The call volume for this 10-day period accounted for more than half the calls received during the month of February. This increased call volume was also a contributor for the increased abandonment rate for the month. Since February 11, the EB toll free line call volume has decreased to forecast levels and MAXIMUS is currently meeting the CAO call center standards.</p>

CASE MANAGEMENT <i>NEW AND/OR UPDATED INFORMATION IS IN BOLD FONT</i>		
	Summary of Decree or Corrective Action Order Requirements	STATUS
¶ 248	THSteps programs must provide case management to each class member if	Case Management for Children and Pregnant Women services are available for class members who have a qualifying medical need for case management services, as well as

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	<p>medically necessary.</p> <p>As of February 29, 2012, there are 267 approved case managers for Case Management for Children and Pregnant Women, as indicated below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">DSHS Region</th> <th style="text-align: center;">Open/Enrolled Case Managers*</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Region 1</td> <td style="text-align: center;">7</td> </tr> <tr> <td style="text-align: center;">Region 2/3</td> <td style="text-align: center;">69</td> </tr> <tr> <td style="text-align: center;">Region 4/5N</td> <td style="text-align: center;">20</td> </tr> <tr> <td style="text-align: center;">Region 6/5S</td> <td style="text-align: center;">46</td> </tr> <tr> <td style="text-align: center;">Region 7</td> <td style="text-align: center;">35</td> </tr> <tr> <td style="text-align: center;">Region 8</td> <td style="text-align: center;">42</td> </tr> <tr> <td style="text-align: center;">Region 9/10</td> <td style="text-align: center;">4</td> </tr> <tr> <td style="text-align: center;">Region 11</td> <td style="text-align: center;">44</td> </tr> <tr> <td style="text-align: center;">Total</td> <td style="text-align: center;">267</td> </tr> </tbody> </table> <p>* Case managers, approved by DSHS or working for providers approved by DSHS, who are currently providing Case Management for Children and Pregnant Women services or willing to take referrals from DSHS and have an active Medicaid Case Management for Children and Pregnant Women provider number or are in the process of obtaining a Medicaid number. DSHS has updated its Case Management for Children and Pregnant Women database to reflect the most current Case Management for Children and Pregnant Women provider count.</p> <p>In addition, there are 146 DSHS full-time positions designated to provide case management services, including Case Management for Children and Pregnant Women services. An additional 30 DSHS staff support the Case Management for Children and</p>	DSHS Region	Open/Enrolled Case Managers*	Region 1	7	Region 2/3	69	Region 4/5N	20	Region 6/5S	46	Region 7	35	Region 8	42	Region 9/10	4	Region 11	44	Total	267	
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		<p>Pregnant Women program by providing training, technical assistance, and are also available to provide Case Management for Children and Pregnant Women case management services, if needed.</p> <p>Information on the number of children receiving Case Management for Children and Pregnant Women services in the first quarter of SFY 2012 can be found in <i>A Report on Case Management for Children and Pregnant Women Services Q1 of SFY 2012</i>. (EXHIBIT 18)</p>
¶¶ 264-269	<p>By January 31, 1996, complete a case management plan for the THSteps program. The plan will address:</p> <ul style="list-style-type: none"> • Methods to encourage acceptance of case management. • Relationship between case management and managed care organizations. • Role of case managers. • Access for children of migrant farm workers. • Coordination of services by various agencies that serve THSteps population. 	<p>Completed.</p> <p>As required by the Consent Decree, a plan for case management was completed in 1996. Implementation of the plan began in 1996 with full statewide operations beginning in 1997. Sufficient case management is available in every county in Texas through either Case Management for Children and Pregnant Women providers or DSHS regional case managers who ensure all class members requesting case management in counties without a Case Management for Children and Pregnant Women provider receive services. Case Management for Children and Pregnant Women case managers are those external case managers who are approved by DSHS or working for a provider approved by DSHS and enrolled as a Medicaid provider. The plan addresses the proper role of case managers through required case manager training. Case Management for Children and Pregnant Women providers receive education to ensure appropriate case management services are delivered to class members. A total of 12 case managers for Case Management for Children and Pregnant Women services received training on case management during this</p>

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CASE MANAGEMENT <i>NEW AND/OR UPDATED INFORMATION IS IN BOLD FONT</i>	
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	<p>reporting period.</p> <p>Case Management for Children and Pregnant Women rule and policy includes provisions for informing class members and health-care providers about services, addresses coordination between Case Management for Children and Pregnant Women and Medicaid managed care and other agencies, describes the roles of case managers, and includes specific processes for children of migrant farm workers.</p> <p>Between December 1, 2011, and February 29, 2012, DSHS conducted the following activities to recruit and retain Case Management for Children and Pregnant Women service providers:</p> <ul style="list-style-type: none"> • DSHS regional case management staff conducted pre-planning sessions with 22 potential Case Management for Children and Pregnant Women service providers. • DSHS case management staff conducted the following community activities to recruit Case Management for Children and Pregnant Women service providers: <ul style="list-style-type: none"> ○ Participated in 20 health/community fairs. ○ Participated in 37 case management/community coalitions. ○ Met with 16 health-care providers and presented information on Case Management for Children and Pregnant Women services. ○ Met with 13 primary and secondary education schools and discussed Case Management for Children and Pregnant Women services.

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	<ul style="list-style-type: none"> ○ Met with 16 other local agencies such as local mental health centers. <p>DSHS encourages the acceptance of case management services by class members and referrals to services through health-care providers by:</p> <ul style="list-style-type: none"> ● Participating in an active partnership with MAXIMUS, including development of and updates to a case management informing script and case management training, to assure all potentially eligible class members who would like case management are referred for Case Management for Children and Pregnant Women services. ● Maintaining current Case Management for Children and Pregnant Women outreach materials for use by Case Management for Children and Pregnant Women providers, DSHS staff, Texas Medicaid & Healthcare Partnership staff, and health-care providers. ● Informing health-care providers and community agencies about the availability of Case Management for Children and Pregnant Women services. <p>Between December 1, 2011, and February 29, 2012, DSHS conducted the following activities to inform health-care providers about Case Management for Children and Pregnant Women services and how to make referrals:</p> <ul style="list-style-type: none"> ● Displayed and explained materials at the Texas Healthy Start Alliance ● Displayed and explained materials at the 21st Annual Texas School Social Workers Conference

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		<p>To coordinate case management services provided by the various agencies that serve class members, DSHS staff works continually to coordinate services with other Health and Human Service agencies. DSHS has an agreement with the Department of Assistive and Rehabilitative Services (DARS) and Early Childhood Intervention (ECI) program for the purpose of coordinating case management services to class members who may qualify for services under both ECI and Case Management for Children and Pregnant Women. DSHS also established a relationship with the Department of Family and Protective Services that ensures children with health conditions in foster care receive appropriate services. In addition, DSHS participates in coordination activities with the Department of Aging and Disability Services (DADS) regarding waiver programs available to children and appropriate transition to DADS programs at age 21.</p> <p>DSHS also participates in the Central Texas Mental Health and Mental Retardation coordination meetings to strengthen relationships between Case Management for Children and Pregnant Women and DARS ECI.</p> <p>DSHS has established a process for the appropriate provision of case management services to children of migrant families. DSHS requires that case managers ensure migrant clients/families receiving case management services are appropriately linked to resources in the geographic areas to which they migrate. Appropriate case management documentation, with the family's permission, must follow families. Case managers must also communicate and coordinate with Medicaid managed care/care coordinators to ensure expedited services for children of migrant workers.</p>

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		<p>See the <i>Activities Report for Medicaid Managed Care Organizations</i>, EXHIBIT 5, for examples of how Medicaid Health Maintenance Organizations (HMOs) and Primary Care Case Management (PCCM) provide case management and care coordination to their members, and refer and/or arrange Case Management for Children and Pregnant Women services.</p> <p>Texas Medicaid & Healthcare Partnership (TMHP) informs health-care providers about the Case Management for Children and Pregnant Women benefit through visits, recruitment efforts, workshops, in-services, seminars, and bulletins. TMHP made 166 recruitment efforts to enroll Case Management for Children and Pregnant Women service providers during this reporting period. These recruitment efforts included phone calls and scheduled and/or drop-in visits to providers.</p>
¶ 270	Defendants will finalize medical case management regulations and implement the program.	Completed.
Case Management CAO	Assessment of Case Management for Children and Pregnant Women.	<p>The first Assessment of Case Management for Children and Pregnant Women was completed by Altarum, Inc. in October 2010.</p> <p>The parties reached agreement on corrective action in August 2011. <i>Defendants' Action Plan for Case Management for Children and Pregnant Women</i> (Dkt. 835) was filed with the Court on August 18, 2011, and will expire under its terms in August 2012.</p>

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		<p>As part of its corrective action, Defendants agreed to provide quarterly reports on:</p> <ul style="list-style-type: none">A. Case Management for Children and Pregnant Women Referrals;B. The number and percent of class members who receive prior authorization for Case Management for Children and Pregnant Women services;C. Updates on Case Management for Children and Pregnant Women policy revisions;D. Annual quality assurance analysis of Case Management for Children and Pregnant Women services. <p>These reports will be included in this section of each QMR through the period of corrective action (August 2011 through August 2012).</p> <p><u>Referrals for Case Management for Children and Pregnant Women Services</u></p> <p>In accordance with <i>Defendants' Action Plan for Case Management for Children and Pregnant Women</i> (Dkt. 835), filed with the Court on August 18, 2011, Defendants provide their report on referrals for Case Management for Children and Pregnant Women services.</p> <p>Defendants are unable to capture all referrals for this benefit. They are also unable to capture all services that might qualify as "case management." This has been explained to Plaintiffs' counsel, and the parties have agreed that Defendants will report on those referrals and referral sources Defendants are able to track. The referral sources reported below are provided by DSHS regional case managers, and MAXIMUS, Defendants' vendor for Outreach, Informing, and Enrollment Broker services.</p>

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		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 70%;">Referral Source as Reported by Regional Case Managers</th><th style="text-align: right; width: 30%;">Total</th></tr> </thead> <tbody> <tr> <td>Central office</td><td style="text-align: right;">42</td></tr> <tr> <td>Child Protective Services (CPS)</td><td style="text-align: right;">9</td></tr> <tr> <td>Friend/Family Member</td><td style="text-align: right;">340</td></tr> <tr> <td>Other*</td><td style="text-align: right;">214</td></tr> <tr> <td>Other Medicaid Provider</td><td style="text-align: right;">49</td></tr> <tr> <td>Physician</td><td style="text-align: right;">6</td></tr> <tr> <td>School</td><td style="text-align: right;">15</td></tr> <tr> <td>Supplemental Security Income (SSI)</td><td style="text-align: right;">1,051</td></tr> </tbody> </table> <p>* Other referral sources may include, but are not limited to:</p> <ul style="list-style-type: none"> • State agencies/programs (e.g., DADS, DARS, ECI, WIC, and CRCG meetings); • County or City programs (e.g., MHMR and Health Departments); • Texas Health Steps hotline; and • Non-Medicaid counselors/mental health providers. <p style="text-align: center;">DSHS Central Office received 39 referrals from MAXIMUS from the Request for Case Management Informing Form. Of these referrals, five resulted in a request for prior authorization. Referral sources include:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 70%;">Referral Source as Reported by MAXIMUS</th><th style="text-align: right; width: 30%;">Total</th></tr> </thead> <tbody> <tr> <td>Medical Providers</td><td style="text-align: right;">24</td></tr> <tr> <td>Health Plans</td><td style="text-align: right;">9</td></tr> </tbody> </table>	Referral Source as Reported by Regional Case Managers	Total	Central office	42	Child Protective Services (CPS)	9	Friend/Family Member	340	Other*	214	Other Medicaid Provider	49	Physician	6	School	15	Supplemental Security Income (SSI)	1,051	Referral Source as Reported by MAXIMUS	Total	Medical Providers	24	Health Plans	9
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		<p style="text-align: right;">Community Agencies 6 Other 0</p> <p><u>Prior Authorization of Case Management for Children and Pregnant Women Services</u> Between December 1, 2011, and February 29, 2012, DSHS received 1,007 requests for prior authorization of Case Management for Children and Pregnant Women services from Medicaid-enrolled Case Management for Children and Pregnant Women providers. Of these requests, 94 percent demonstrated medical necessity and were approved. DSHS regional staff report providing Case Management for Children and Pregnant Women services to 4,758 unduplicated class members during this reporting period.</p> <p><u>Revision to Case Management for Children and Pregnant Women Policies:</u> As contemplated by Defendants' action plan, DSHS utilized Sherry Matthews Advocacy Marketing (SMAM) to re-market Case Management for Children and Pregnant Women.</p> <p>The following were findings and recommendations made by SMAM:</p> <ul style="list-style-type: none"> • The acronym "CPW" has low-name recognition among class members and medical providers. • Class members were able to clearly and positively define what a case manager is and what a case manager does for them. • Focus group participants stated that eligible class members may confuse "CPW"

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	<p>with “CPS” or may not understand what the program is.</p> <ul style="list-style-type: none"> • Class members and medical providers responded favorably to the revised marketing materials. • A recommendation was made to promote Case Management for Children and Pregnant Women as a Medicaid service or benefit and focus on the services provided rather than promote the “CPW” program name. This was done in order to minimize confusion and increase awareness of needed services. <p>The following improvements have been made to market Case Management for Children and Pregnant Women:</p> <ul style="list-style-type: none"> • Remove the acronym “CPW” in all references to Case Management for Children and Pregnant Women. • Remove the infant’s foot as the logo for Case Management for Children and Pregnant Women. • Promote Case Management for Children and Pregnant Women as a service or benefit as opposed to a program. • Utilize marketing strategies that focus on eligibility and benefits of case management rather than a program name. • Utilize a new logo for the Case Management for Children and Pregnant Women Medicaid benefit. • Revise case management brochures, posters, and outreach materials.

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Case Management CAO	Case management report for number and percent receiving services.	<p>The parties have filed an agreed motion to change reporting on targeted case management programs as required by the <i>Corrective Action Order: Case Management</i>. See Dkt 900. Defendants will continue to provide quarterly reports for Case Management for Children and Pregnant Women Services, but effective SFY 2012, will only provide annual reports for targeted case management programs.</p> <p>Information on the number of children receiving Case Management for Children and Pregnant Women services in the first quarter of SFY 2012 can be found in <i>A Report on Case Management for Children and Pregnant Women Services Q1 of SFY 2012</i>. (EXHIBIT 18)</p>

STATEWIDENESS <i>NEW AND/OR UPDATED INFORMATION IS IN BOLD FONT</i>		
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¶ 271-280	Revised by 2007 <i>Corrective Action Order: Check Up Reports and Plans for Lagging Counties</i> . Statewideness report will be developed and the report will be provided with July quarterly monitoring reports.	<p>The <i>Corrective Action Order: Checkup Reports and Plans for Lagging Counties</i> required completion of annual reports each July from 2008 through 2011. This reporting is complete. The Consent Decree requires completion of statewide analysis each year by March 30. The parties filed, and the Court granted, a joint motion that postpones reporting required under this paragraph. The due date for the next statewide analysis is postponed from March 30, 2012 until September 30,</p>

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		2012. <i>See Dkt. No. 888.</i>
¶ 281	Defendants will develop a corrective action plan for those counties identified as lagging counties in the Statewideness report. The Statewideness Corrective Action Plan will be provided with the October Quarterly Monitoring Report.	<p><i>The Texas Health Steps Medical and Dental Lagging County Corrective Action Plan for Fiscal Year 2010</i> was submitted with the October 2011 QMR. Defendants will continue to implement this plan through August 2012.</p> <p>See ¶280. The Court's recent order also granted a joint motion that postpones action required under this paragraph. The next corrective action plan for lagging counties is postponed from October 31, 2012 until April 30, 2013. <i>See Dkt. No. 888.</i></p>

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¶ 283	Report THSteps participation statistics to the federal government every year on the Centers for Medicare and Medicaid Services (CMS) Form 416.	The Centers for Medicare and Medicaid Services (CMS) extended the filing deadline for the 2011 Annual Early Periodic Screening, Diagnosis, and Treatment Participation Report (CMS 416) to April 30, 2012. Defendants filed their 2011 CMS 416 on April 18, 2012 and provide it as EXHIBIT 1 to this QMR.
¶ 284-285	Extended and Revised by 2007 <i>Corrective Action Order: Check Up Reports and Plans for Lagging Counties</i> . Requires report to be	Reports required by the <i>Corrective Action Order: Check Up Reports and Plans for Lagging Counties</i> were provided as exhibits to the July 2011 QMR.

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submitted in July of each year beginning in 2008 and ending in 2011. Reports for children over age two and under age two will be provided.	<p><u>Medical Checkup Completeness 1st Study Corrective Action</u> Medical Checkup Completeness 1st Study Corrective Action HHSC and DSHS continued efforts related to corrective action for the medical checkup completeness study. As reported in the January 2012 QMR:</p> <ul style="list-style-type: none"> • In November 2011, Defendants finalized and distributed a quality assurance tool for use in assessing the completeness of Texas Health Steps (THSteps) clinical records. • Defendants proposed revisions to THSteps medical policy to clarify documentation requirements, in addition to other updates, and this policy became final on December 1, 2011. <p><u>Medical Checkup Completeness 2nd Study</u> HHSC received proposals for the second Medical Checkup Completeness study from potential vendors in July 2011. Plaintiffs' counsel was offered the opportunity to comment on the proposals and submitted their comments to Defendants on September 14, 2011. After review of the proposals and considering Plaintiffs' counsel's comments, the HHSC evaluation team determined additional information and clarification was needed from the potential vendors. Defendants met with the potential vendors in October to allow them to address the HHSC evaluation team's concerns.</p> <p>HHSC shared amended proposals submitted by the potential vendors with Plaintiffs' counsel on November 29, 2011, and HHSC received Plaintiffs' comments on the amended proposals on December 6, 2011. Based on HHSC evaluation team</p>

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		<p>discussions following the clarification meetings, and Plaintiffs' counsel comments on the amended proposals, HHSC has sent final questions on additional issues of concern and will consider the vendors' responses before a decision is reached.</p> <p>As reported previously, the parties have reached tentative agreement to modify the CAO-required timeframe for the second checkup completeness study and delaying the Request For Proposals.</p> <p>Proposed revisions to the court-ordered time frame for completion of the second study will be based on the selected vendor's final proposal. This proposal will fully consider implementation of the corrective action plan in selection of the dates of service to include in medical record review.</p>
¶ 288 - 289	Extended and Revised by 2007 <i>Corrective Action Order: Health Outcomes Measures and Dental Assessment</i> . With Plaintiffs, choose health outcomes indicators.	<p>The parties agreed to study ten health outcomes indicators:</p> <ol style="list-style-type: none"> 1. Prenatal Care/Risk Appropriate Care 2. Lead Screening and Elevated Blood Lead Level 3. Appropriate Medications for People with Asthma 4. Ambulatory Care Sensitive Conditions 5. Follow-Up Care for Newly Prescribed ADHD Medication 6. Follow-Up After Hospitalization for Mental Health 7. Hospital Readmission Rate 8. Follow-Up After a Failed Newborn Hearing Screen 9. Developmental Screening/Testing 10. Childhood Vaccination Coverage

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		See also, ¶ 296.
¶ 293	Extended and Revised by 2007 <i>Corrective Action Order: Health Outcomes Measures and Dental Assessment</i> . HHSC will propose 12 health outcome measures.	See ¶¶ 288-289, 295.
¶ 294	The parties will further agree on a target goal for each health outcome indicator.	See ¶¶ 288-289, 295.
¶ 295	Extended and Revised by 2007 <i>Corrective Action Order: Health Outcomes Measures and Dental Assessment</i> . Defendants will report the best available. Proposed study methodology will be presented for Plaintiffs approval.	A summary of the methods that will be used for each indicator was provided in the July 2008 QMR, Exhibit 29. See ¶¶ 288-289.
¶ 296	Defendants will develop corrective action plans to address all matters within Defendants' control to improve results for each health outcome indicator. The corrective action plan will be presented to the Plaintiffs for review within four months of completion of the outcome measures study.	Defendants presented recommendations for corrective action and target goals for nine health outcome indicators to Plaintiffs' counsel on June 30, 2011. The parties previously agreed corrective action for a tenth health indicator (developmental screening) was not necessary. As reported previously, on August 30, 2011, Plaintiffs responded to Defendants' proposed corrective action and target goals with over 150 suggestions of revised target goals, additional action, and/or additional study. The <i>CAO: Health Outcomes Measures</i>

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		<i>and Dental Assessment</i> states that Defendants may not unreasonably reject Plaintiffs' suggestions. Defendants continue reviewing and preparing responses to Plaintiffs' recommendations for action, and expect to respond during the first week of May, 2012.
¶ 299	The parties may agree to revise the health outcomes evaluation system to use MIS data.	See current measures of health outcomes referenced in ¶ 288-289.

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¶ 300	Defendants may contract with individuals and entities to provide THSteps services, but Defendants remain responsible for the administration of the THSteps program in Texas and compliance with federal THSteps law.	<p>HHSC contracts with multiple vendors and collaborates with multiple state agencies to ensure Texas Health Steps (THSteps) services are provided to class members. HHSC staff and/or their designees, monitor the contracts for quality and compliance.</p> <p>Sanctions applied to Medicaid Health Maintenance Organizations (HMOs) can be found at: http://www.hhsc.state.tx.us/medicaid/ContractorSanctions/index.html.</p> <p>In the January 2012 QMR, Defendants reported that “effective September 1, 2011, HHSC suspended all STAR+PLUS enrollments in the Harris, Harris Expansion and Jefferson service areas for Evercare and suspended STAR+PLUS default enrollments for Evercare in all other service areas. During this reporting</p>

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		<p>period, Evercare implemented appropriate corrective action for the performance issues relating to non-class members, and HHSC lifted the suspension. HHSC will continue to monitor Evercare to ensure issues do not recur.” Written communication was sent to Evercare on March 9, 2012, formally lifting the suspension. Evercare began to receive default and choice enrollments effective March 1, 2012. HHSC continues to monitor Evercare to ensure issues do not recur.</p>
¶ 303	The Decree contemplates that the parties will reach agreement in the future about several issues. It further contemplates that Defendants' future activities will comport with the terms and intent of this Decree. If this proves incorrect, the parties may request relief from this Court. Absent emergency, no party may request relief from the Court without first providing the opposing party with one month's written notice.	<p>The parties reached the end of the period of conference for the <i>Corrective Action Order: Checkup Reports and Plans for Lagging Counties</i> (CAO) without agreement on whether additional action related to the CAO is necessary. Defendants contend the obligations of the CAO were met, and Plaintiffs contend additional action is necessary. The Court granted the parties' joint motion that postpones filing of Plaintiffs' motion for further action and Defendants' reporting and annual action plans required by ¶¶280 and 281. <i>See</i> Dkt. No. 888.</p>
¶ 304	Further, the parties agree to revise deadlines contained in this Decree for all years after 1995. They may also agree to revise the substance of this Decree when new issues arise that were not foreseen when this Decree was entered. All revisions of deadlines and	<p>The parties agreed to modify the <i>Corrective Action Order: Case Management</i> requirement for quarterly reporting on Targeted Case Management Programs. See Dkt. 900.</p>

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	substance will be reasonable, consistent with the spirit of this Decree and consistent with relevant law.	
¶ 305	The parties will meet twice a year to consider revisions of deadlines and substance. Will report any agreed changes to the Court by May 15 and October 15 each year.	<i>See ¶¶ 303 and 304</i>
¶ 306	Make monitoring reports to the Court and to the Plaintiffs every January, April, July and October.	Defendants continue to file monitoring reports with the Court each January, April, July and October.
¶ 307	The chart will 1) identify each paragraph in this Decree that obliges the Defendants to act and each required action and 2) state the status of each activity.	
¶ 308	Defendants will provide Plaintiffs with advance notice of any change to the Medicaid program as it relates to THSteps. Defendants will provide advance notice of any THSteps waiver requests, including copy of waiver packet.	

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